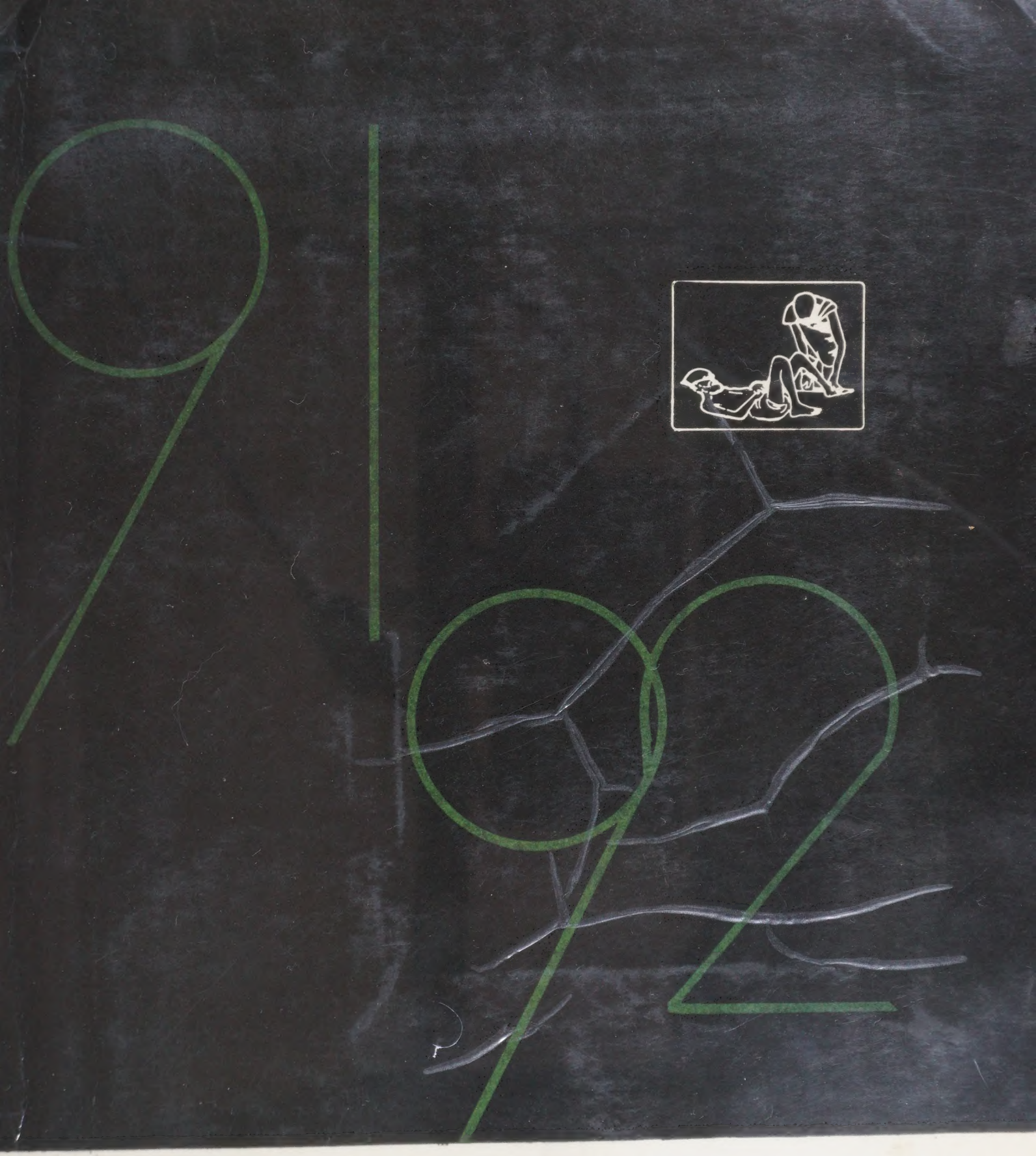

41ST ANNUAL REPORT 1991-92

GANDHI MEMORIAL LEPROSY FOUNDATION

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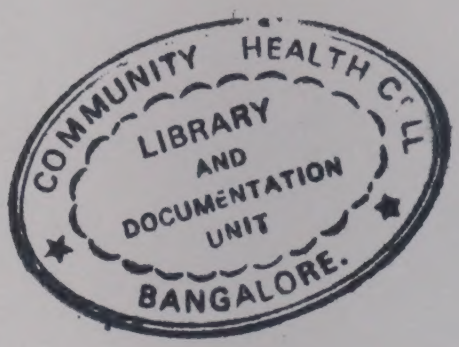
Gandhi Memorial Leprosy Foundation

Hindinagar, Wardha 442103, Maharashtra, India

41st Annual Report

1991-92

Published by :
Director,
Gandhi Memorial Leprosy Foundation.
Hindinagar,
Wardha
442 103
Maharashtra,
India



Printed by :
Shri T. N. Chaudhari
Samyayog Mudranalaya,
J. C. Kumarappa Marg
Wardha
442001

GMLF No. 243/9-92/1200

CONTENTS

What is GMLF ?

The Gandhi Memorial Leprosy Foundation (GMLF) was established in 1951 at the instance of the national leaders to take up leprosy work in the memory of the Father of the Nation. True to its heritage the GMLF has its own philosophy of leprosy work.

The GMLF believes that whatever laurels and encomiums it garners during the course of its activities against the scourge of leprosy. the ultimate purpose of its existence is not to vaunt on these achievements, but to continue the good work reaching new frontiers of endeavour.

The beginning of the GMLF could be discerned in the philosophy of altruism advanced by the Mahatma and his abiding interest in the upliftment of the downtrodden.

The GMLF was started in 1951. Whatever activities it has been undertaking since then are based on the understanding derived from two basic tenets of Gandhiji's outlooks : one, to go to the root of the problem and try to prevent them at origin, rather than to apply palliatives later; and second, to involve all people in constructive work thus working 'with' the people.

The rationale behind all activities of the GMLF is this faith in Gandhian approach; The Foundation has strived to develop a pattern for detection of patients at the earliest so that the patients and his family are saved from all the concomitant social sufferings, It has strived to make such patterns acceptable on a national scale and to assist and broaden voluntary participation in leprosy. Finally, it has strived to get involvement of a variety of social groups and agencies in leprosy control work.

Tha GMLF is what GMLF does.

PROLOGUE

The GMLF has crossed the four decade milestone.

It has, overall, been a good year and a busy year with usual ups and downs.

The fourth International Gandhi Award was given during the year to two veterans: both from outside India: one from the West and the other from the East. It was so sad that Cardinal Paul Emile Leger passed away within weeks of learning that he is one of the recepients. Though originally the GMLF had planned to give one award once in two years, the awards have been given to two recepients every time so far. It is too hard to meet the expenses of two awards and there is a need to augment the Corpus.

A new programme of public participation could be introduced this year by starting a round of orientatlon programmes for biology teachers of Navodaya Vidyalayas. Three programmes could be arranged for teachers of 36 vidyalayas from five States and two Union Territories with support from AHM, Munich. This will be continued in the next two years.

Another programme initiated is the cascade of Workshops on "Teaching Methodology for Trainers" for all Leprosy Training Centres in India. This was a recommendation of a WHO Expert Team headed by Dr. Felton W. Rose to Government of India to entrust this to GMLF. It was kind of GLRA to come forward to support the first Workshop. This activity will be continued till March 1994.

The CSSRL has completed data-collection in respect of one study project while three projects were on going and protocols for two projects are in formulation stage. It will be possible for the Centre to identiiy a few more areas for study next year. There was a vigorous programme for faculty development and strengthening of infrastructure. Dr. A. M. Kurup, Chief Research Scientist, could visit Thailand and Phillippines to study leprosy work and research activities under a WHO support programme and could establish a collaborative research and training agreement with the University.

Three members of the GMLF had retired on 31st March 1991. In those vacancies, three new members were elected. Dr. B. N. Mittal is the Deputy Director— General of Health Services (Leprosy), and will be able to guide the GMLF with his larger national perspective and help the GMLF in planning some of its nation-wide activities. Dr. Vikas Amte of Maharogi Seva Samiti is a veteran leprosy worker in his own right and will bring in a wider social perspective with him. Dr. (Mrs) Ragini Prem, Banvasi Seva Ashram, Govindpur, Dist. Sonbhadra (U. P.)

is managing the medical (besides administrative) activities of the Ashram, which is engaged in medical, social, educational, tribal, agricultural and developmental programme in Sonabhadra District of U. P. with a large band of 300 workers. Dr. Ragini Prem will also be helpful in bringing a fresh outlock from a wider experience of voluntary work. The induction of these three persons will strengthen the GMLF's brainbank.

Problems— particularly inordinate delays in respect of Government grants-continued. The GMLF has to receive grants for three of its centres for three to four years which has become a routine. Efforts are being continuously made to urge the Government to suitably modify its rules so that these delays affecting all voluntary agencies can be eliminated. The response unfortunately continues to be luckwarm.

One of the greatest handicap is is recruitment of doctors. Surprisingly, when leprosy work was just beginning in the fifty's, the GMLF had ten control units, three cnntrol clinics. three training centres besides the set-up at the headquarter, every centre was headed by a doctor and there was hardly any vacancy for more than a few months. But with more knowledge and awareness of leprosy, with intensified national programme in operation for three decades and lesser number of GMLF's field units, it is so difficult now to recruit one doctor. Every advertisement results in a spate of applications but very few turn up for interview and hardly anyone, selected even as a compromise candidate, joins. This is observed in the entire voluntary sector. In fact, leprosy is throwing many more medical challanges but for reasons unknown, the new generation of doctors do not find this field attractive enough. Extraordinary high cost of medical education is no doubt an important factor but we have to probe the reasons why younger doctors do not offer for leprosy service.

The GMLF has been a recepient of benevolent assistance from a number of agencies who deserve our thanks :

The German Leprosy Relief Association has been supporting GMLF for over 25 years; the present support be ng for our leprosy control un t in Balarampur. The GLRA has offered funding for the first Workshop on "Teaching Methodology" for trainers of Training Centres from Maharashtra, Gujarat and Andhra Pradesh; and is considering its continuation for rest of the States.

The Damien Foundation has been helping with the work of leprosy control unit at Chilakalapalli, besides extending grant for one research project in social science.

The Leprosy Relief Organisation, Munich, extends help for leprosy awareness programme among youths, doctors and other selected groups and also to some extent for core expenses of the CSSRL.

LEPRA India has come forward with help for the Urban Leprosy Project Calcutta.

The WHO has been immensely helpful and supportive for CSSRL on continuing basis.

The Government of India is supporting the Balarampur Control Unit and made a beginning with initial advance grant for control units at Chilakalapalli and T'Narsipur for the year 1990-91,

The Government of Maharashtra meets part expenses of the Leprosy Training Centre at Wardha.

Inspite of all above sources of funding, money continues to be a scarce commodity with price-rise and increasing need to update salaries and allowances substantially during the year which made the liquid fund position tighter Hence for the first time, the GMLF has organised a resource mobilisation cell with an experienced fund raiser to head it The experience during initial eight months has been satisfactory though not entirely fulfilling the existing gap.

A mention has to be made of the gratifying help we continue to receive from different sources. There have been many groups in NCC, NSS and Scouts & Guides as also hundreds of educational institutions who have come forward to collect local funds for GMLF. Numerous kind hearted individuals and charities too chose to contribute. We remember them with a sense of thankfulness.

What is GMLF ? is briefly outlined on the next page. WHAT DOES GMLF DO is, in final analysis, sum-total of the ungrudging toil, reassuring understanding and dedication to the cause coming from GMLF's workers, many located in difficult field conditions and a few in secretarial responsibilities. If the work GMLF could do is appreciated, the credit belongs to them.

Wardha
30th Setember, 1992

(S.P.TARE)
Director

Control Work : Genesis

The Leprosy Control Unit as an experiment was the first activity of the GMLF during the first decade. The effort was to find out whether leprosy can be controlled in a given endemic area with mass chemotheraphy.

The method that was adopted in these units came to be accepted later on a national scale as the SET method. This term explains the three activities : examination of entire healthy population to detect patients, education of the community patients and treatment of every known patient in out-patient clinic. No patient was segregated or isolated; every patient was helped to continue to stay in family and society, and carry on his vocation / work while taking treatment, Services and treatments are freely provided.

Ten such exerimental units were established between 1951 and 1955 Once this pattern received recognition, six units were handed over to Government or voluntary agencies. Four are being continued. Different operational modifications were introduced at different times.

The Control Units of the GMLF differs from other leprosy control units in following respects :

1. The area of two units were smaller covering a population of 25 to 60 thousand (subsequently other units were enlarged).
2. The units are better staffed with one medical officer and a number of paramedical workers–each having a population load of 7 to 8 thousand,
3. Surveys are done every year. with a target of 90%. Charting and bacteriology is done once a year.
4. Elaborate data about entire population and the changes in 30–35 years is maintained with a detailed record in book form for every patient.

The SET work in GMLF and other control units in the country revealed a disturbing phenomen of having a continuing high incidence inspite of declning prevalence. As no other alternative to SET methodology was available, GMLF decided to try out alternative approaches to Survey, Education and Treatment methods.

This chapter details the work of these five leprosy control units and one Urban Laprosy Project.

Sevagram
(Maharashtra)

The Unit was started in 1951. The Unit covered 36 villages initially which were located around village Sevagram. The area under this Control Unit was ten Km. in length and ten km. in width. The approximate area was ninty Sq. km, The Unit Head Quarter Sevagram is situated ten km. away from District Head Quarter Wardha. The population of the Unit in 36 village was 16,647. Few characteristics of the population in 1952 as derived from first initial survey were :

1) Sex Ratio 1.03 : 1
2) Child Adult Ratio 0.6 : 1

Nine villages out of 36 however were handed over to Government of Maharashtra in 1975 when whole area was reorganised to open new Leprosy Control Unit in the District. As 27 villages are considered to have a long term exsitance, the data of villages at the begining in 1952 and now in 1991 is as under;

Sevagram Leprosy Control Unit	1952	1991
Tatal population for 27 villages	12,799	23,086
Sex Ratio (Male, Female)	1.03 ; 1	1.1 : 1
Child Adult Ratio	0.6 : 1	0.43 : 1
Child Population %	38	30.4

The unit had trained medical officer from 1951 till 1990. Since there is no full fledged medical officer, the routine work was carried out by medical officer of Referral Hospital, Wardha. Earlier there were two trained paramedical workers. However since 1990 there is only one paramedical worker.

Survey was done during the year in 14 villages out of 27. The examined population in these villages was 9,649 and nine new cases were detected in survey. 11 cases reported voluntarily. Thus there were 20 new cases of which 17 were project cases and three were cases migrated to Unit during the year.

The Unit did health education by displaying and explaining photos to group of family members during survey. In addition during Anti Leprosy Week intensive health education was done in the schools and in villages. The treatment of MDT is given for the patients, all new patients are given MDT.

The visitors from India and also from abroad are taken to villages to show the survey activity, impact of sustained control work in removing stigma ef people and making them aware of leprosy, and demonstrate how patients are performing their routine work, business, without being ostracised or harrassed so much so that there is a community based rehabilitation of leprosy patients which visitors witness.

The routine work of survey, education and treatment has generated data presented in series of tables below :

Some important Statistical Data

		Adult	Child	Total
1. a) Prevalence rate	Age :	1.43	0.28	1.08
b) New case detection rate	Age :	1.05	0.42	0.86
		Male	Female	
2. a) Prevalence rate	Sex :	1.31	0.82	1.08
b) New case detection rate	Sex :	0.82	0.91	0.86
		L+BL+BB	Other	
3. a) Prevalence rate	Type :	0.48	0.60	1.08
b) New case detection rate	Type :	0.04	0.82	0.86

. . . *Continued*

Table 1

New cases recorded through survey and voluntary reporting

Group of Population	Cases detected by	Population En.	Ex.	% of Exami nation	Cases Recorded L	BL+BB	BT	N	IND	Total	Incidence Rate
Original	Survey	1,915	1,457	76	—	—	—	—	—	—	—
	Volun. Reporting				—	—	1	1	—	2	
Birth	Survey	4,272	3,490	81.6	—	—	—	2	—	2	0.57
	Volun. Reporting				—	—	—	2	—	2	
Added	Survey	5,527	4,708	85	1	—	1	3	—	5	1.67
	Volun. Reporting				—	—	2	4	—	6	
Total Project Cases	Survey	11,714	9,649	82 3	1	—	1	5	—	7	0.72
	Volun. Reporting				—	—	3	7	—	10	
Migrated as Cases	Survey				--	—	—	2	—	2	
	Volun. Reporting				—	—	—	1	—	1	
Total Project and migrated Cases					1	—	4	15	—	20	

Survey is done in 14 villages out of 27 . The figuers of enumeration and examination are for 14 villages. The total population of Unit by December is 23,086.

Table 2
Age Sex Classification of case detection through Survey

Particulars		Male			Female			Total		Grand
		A	CH	Total	A	CH	Total	A	CH	Total
Enumerated Population		4268	1823	6091	3958	1665	5623	8226	3488	11,714
Examined Population		2871	1760	4631	3401	1617	5018	6272	3377	9,649
Percentage		67.3	96.5	76	86	97.1	89.2	76.2	96.8	82.2
Project new cases detected through Survey	L	1	—	1	—	—	—	1	—	1
	BL+BB	—	—	—	—	—	—	—	—	—
	BT	1	—	1	—	—	—	1	—	1
	N	3	1	4	3	—	3	6	1	7
	I	—	—	—	—	—	—	—	—	—
	Total	5	1	6	3	—	3	8	1	9

Table 3

Balance Active cases

Particulars	Typewise					Sexwise		Agewise		Total
	L	BL+BB	BT	N	IND	Male	Female	Adult	Child	
Active as on 1-1-91	5	11	4	11	1	23	9	31	1	32
Additions during the year										
New	1	—	4	15	—	10	10	17	3	20
Reactive	—	—	—	—	—	—	—	—	—	—
Relapsed	2	—	1	1	—	3	1	4	—	4
Returned	—	—	—	—	—	—	—	—	—	—
Total Additions	3	—	5	16	—	13	11	21	3	24
Deletions during the year										
Died	1	—	—	—	—	1	—	1	—	1
Left	—	—	—	—	—	—	—	—	—	—
Declared inactive and RFT	1	6	6	16	1	19	11	28	2	30
Total Deletion	2	6	6	16	1	20	11	29	2	31
Change in Type	—	—	—	—	—	—	—	—	—	—
Change in Age	—	—	—	—	—	—	—	—	—	—
Balance active cases as on 31-12-91	6	5	3	11	—	16	9	23	2	25

Table 4

Distribution and Average duration of disease of New Cases
(Project cases only)

Duration of disease	MB		PB		Total
	Male	Female	Male	Female	
Up to 6 months	1	—	4	5	10
6 to 12 months	—	—	5	4	9
12 to 18 months	—	—	—	—	—
18 to 24 months	—	—	—	—	—
24 to 36 months	—	—	—	1	1
36 to 60 months	—	—	—	—	—
More than 5 years	—	—	—	—	—
Average (months)	12	—	7.8	9.3	8 8

Table 5

Distribution of number of patches in new cases typewise and Sexwise

Number of Patches	MB		PB		Total
	Male	Female	Male	Female	
Nil	—	—	—	—	—
One	—	—	4	5	9
Two	—	—	1	2	3
Three	—	—	2	1	3
Four to Ten	1	—	2	1	4
More than 10	—	—	—	—	—
Inumerable	—	—	—	1	1
Total	1	—	9	10	20

Table 6

Type of family of source case or contact case

Type of source case	Number	Type of contact case		Total
		MB	PB	
MB	1	—	1	1
PB	4	—	4	4
Both	—	—	—	—
Source not traceable	—	1	14	15
Total		1	19	20

Table 7

Trend of leprosy in the Unit

Year	1985	1986	1987	1988	1989	1990	1991
Prevalence rate	2.82	2.27	1.76	1.13	0.86	1.4	1.08
New case detection rate	1.75	1.56	0.65	0,57	0 86	0.9	0'86

Table 8

Observations

	Items	Data		
1.	Sex ratio in new cases	1:1		
2.	P. C. of single patch cases in new cases	45%		
3.	Deformity rate in new cases	5%		
4.	Deformity rate in active cases	8%		
5.	Ratio of L : N	1 : 19		
6.	% of new cases on MDT	100%		
7.	Sex ratio in active cases	16:9		
8.	Child rate % of child case in new cases	15%		
9.	Child rate in new cases (Population)	0.129/1000		
10.	Average age in new cases	32.15	(Male 37.20	Female) 27.10
11.	Ratio of prevalence/incidence rate	1.08 : 0.93		
12.	Ratio of child to adult cases	3:17		
13.	New cases having familial source	5		
14.	New cases from population not exposed to household cases	15		

Chilakalapalli

(Andhra Pradesh)

The Leprosy Control Unit at Chilakalapalli (in Vizianagram District) was started from 1st January 1953. The unit covers 114 villages having a population of 1,35,466.

The staff of the Unit consists of one medical officer, one health education officer, seven trained Paramedical Workers in field sectors and a senior Paramedical Workers for statistics etc. The Unit work is administratively managed by a Project Officer.

Survey

Resurvey which was started in Unit from 1st May 1989 was completed by April 1991. Thus, during the first four months of the year absentee survey was done to achieve % of examination. During absentee survey 4001 persons were enumerated (which includes enumeration of four villages not done earlier) and 5508 persons were examined (which includes examination of population enumerated during last reporting year).

Rapid survey was undertaken in the Unit during May 91 to December 91 as per Government guidelines and house holds having a population of 59,921 were visited. Of them 34,728 people were contacted with flash cards and early signs of leprosy were explained. It was observed that the case detection activity was poor in rapid survey (only 18 cases reported for check up). It was therefore decided to revert back to mass survey from 1.1.92.

The results of the survey which was started from 1st May 1989 and concluded by 30th April 1991 are as below :—

Population as per last survey	Population enumerated	Population examined	%	Cases detected MB	PB	Total
1,30,934	1,35,466	1,12,227	83	52	251	303

Bacteriology Work

670 slides (547 MB and 123 PB) were examined during the year. Special investigations for presence of sugar, bile salts, bile pigments and albumin in urine, Hb% were done in the laboratory for 90 In-patients and 44 Out patients.

Of the 148 new cases detected during the year (25 MB and 123 PB) smears were taken for 142 (25 MB and 117 PB) cases. Smears could not be taken for six new PB child cases who were too young and scared. 11 MB cases out of 25 new MB cases were found positive The total number of positive cases in the unit at the end of reporting year was 28.

Some important Statistical data

			Adult	Child	Total
1. a) Prevalence rate	:	Age	1 25	0 17	1.42
b) New case detection rate	:	Age	0.86	0.26	1.13
			Male	Female	
2. a) Prevalence rate	:	Sex	6 9	0.52	1.42
b) New case detection rate	:	Sex	0.67	0.45	1 13
			L+BL+BB	other	
3. a) Prevalence rate	:	Type	0.51	0.91	1.42
b) New case detection rate	:	Type	0.17	0 95	1.13

Eye Camp

This was the third eye camp for leprosy patients and general public organised by D. E. U. Canada Lion's Eye Hospital Garividi with collaboration from GMLF Chilakalapalli Unit between 6th to 12th January. It was conducted by Dr C. Satyanarayana, Chief Medical Superintendent of Garividi and his staff consisting of two Doctors, 12 paramedical nursing staff and theatre staff. A total of 130 patients from 300 males and 266 females were found suitable for surgery. 58 patients were operated at Chilakalapalli and rest were referred at Garividi. One AHM was kept for post operative care at Chilakalapalli. All arrangements were free of cost. All were provided with free glasses. All operations were found successful in assessment done on 23rd January. 22 additional patients were also found to be fit for surgery on 23rd January and were referred to Garividi

CASP Aid for Children

CASP of Bombay provided scholarship worth Rs. 400/- to the Children of leprosy patients. 36 were benefitted for education upto SSC last year and 23 more to be given this year each of 59 children were given material worth Rs. 400/- each at the time of valedictory function of eye camp provided by Shri Swamiji of Premasamajam, Vijayanagaram, M. P. of Balajipeta and Shri D. Kondala Rao of grevalets.

Multi-Drug Regimen Project

In 1983 Vijayanagaram district was selected for implementation of multi-drug programme with the assistance of WHO/SIDA MDT Programme and das been undertaken in the unit from 1st March 1983.

MDT Data for base-line Cases

There were 1735 (488 MB and 1247 PB) active cases in the unit before commencement of MDT. All these cases were screened clinically and bacteriologically to select active cases suitable for MDT. 746 cases (309 MB and 437 PB), were selected for MDT. Of the remaining 989 cases (179 MB and 810 PB) 842 cases (139 MB and 403 PB) were discharged as inactive by monotherapy and 146 cases (39 MB and 107 PB) were deleted due to migration and death. Only 1 MB case is continued with monotherapy due to refusal from MDT beginning.

Of the 746 cases inducted into MDT, 702 cases (281 MB and 421 PB) were released from treatment, while 41 cases (25 MB and 16 PB) were due to emigration and death. Two MB cases were excluded from MDT subsequently due to side effects while one case is still active and under MDT.

The data of baseline cases active by the end of reporting year and the type of treatment being given are sumaried below :

Baseline balance active cases	MB	PB	Total
1. Active and under MDT	1	—	1
2 Active, inducted into MDT and shifted to monotherapy due to side effects.	—	—	—
3. Active and not inducted into MDT and monotherapy due to contraindication	—	—	—
Total	1	—	1

Thus out of 1735 base-line cases by 1.1.83 only four cases are still on active list, of them only one is under MDT and three are as mono.

B. MDT data at subsequently added cases :

From 1.1 83 till 31.12.91 over a period of nine years after commencement of MDT 2863 cases (574 MB and 2289 PB) were added by new detection. relapse and return to Area of them 2555 (550 MB and 2005 PB) were inducted into MDT Of the remaining 308 cases (24 MB and 284 PB) 224 cases (16 MB and 208 PB) were discharged as cured by monotherapy and 34 cases (8 MB and 76 PB) were deleted due to emigration and death.

Of the 2555 added cases (550 MB and 2005 PB) inducted into MDT 2145 cases (365 MB and 1780 PB) were released from treatment, and 227 cases (82 MB and 145 PB) were deleted due to emigration and death. Three cases (1 MB and 2 PB) were shifted from MDT to monotherapy due to side effects.

180 cases added (102 MB and 78 PB) are under MDT at the end of the reporting year.

The data of added active cases by 31.12.91 and their treatment status are as below :

Balance of added active cases	MB	PB	Total
1. Active and under MDT	102	78	180
2. Active inducted into MDT and shifted to monotherapy due to side effects.	1	2	3
3. Active not inducted into MDT and continued monotherapy due to contraindications.	—	—	—

The treatment details of 180 added active cases are as follows :

No. of pulses completed	MB	PB	Total
1. Completed more than 60 pulses	—	—	—
2. Completed 48-59 pulses	—	—	—
3. Completed 36-47 pulses	1	—	1
4. Completed 24-35 pulses	3	—	3
5. Not completed 24 pulses	98	—	98
6. Completed 9-12 pulses (PB)	—	1	1
7. Completed 6-9 pulses (PB)	—	15	15
8. Less than 6 pulses (PB)	—	62	62
Total	102	78	180

Total active cases by the end of reporting year :

	MB	PB	Total
1. Active and under MDT	103	78	181
2. Active, inducted into MDT and shifted again to monotherapy due to side effects.	3	2	5
3. Active not inducted into MDT but continued with monotherapy due to contra-indications.	1	—	1
Total :	107	80	187

3. Lepromin Survey :

The 21st round of Lepromin Survey of contacts who were given Lepromin was conducted during the year. The results are as below :—

Survey	Classification of contacts	No. of existing contacts	No. of examined	No. of cases detected	Incidence rate
21st	Positive	138	126	1 (T)	0.008
round	Negative	230	223	1 (BT)	0.005

Observations :

A total of 148 new cases were detected during the year of whom 134 were project area cases and 14 were immigrants. 89 were males and 59 were females. 35 out of 148 were child (23.64%). Out of 134 project cases there were 15 cases (11%) with deformities.

175 out of 187 remaining active cases have taken regular treatment during the year (93%).

Comparative data— prevalence and new case detection rate ;

Year	Population	New cases detected	Active Living Cases	Prevalence rate (per 1000)	New case detection rate/1000
1985	1,20,000	559	1404	11.7	4.65
1986	1,26 045	417	1154	9.1	3.30
1987	1,27,276	265	969	7.6	2.08
1988	1,30,934	251	548	4.1	1,91
1989	1,30,934	192	404	3.0	1.46
1990	1,30,934	148	250	1.9	1.1
1991	1,30,134	148	187	1.42	1.13

The new case detection rate has shown a steady decline from 4 65 in 1985 to 1.13 in 1990 continues to remain at the same level by end of 1991 while the prevalence rate indicated a significant decline from 11.7 in 1985 to 1.42 in 1991.

Table 9

Balance Active cases

Particulars	Typewise					Sexwise		Agewise		Total
	L	BL+BB	BT	N	IND	Male	Female	Adult	Child	
Active as on 1-1-91	36	39	92	83	—	151	99	232	18	250
Additions during the year										
New	7	16	21	103	1	89	59	113	35	148
Reactive	—	—	—	—	—	—	—	—	—	—
Relapsed	5	5	2	—	—	10	2	11	1	12
Returned	—	—	4	1	—	3	2	5	—	5
Total Additions	12	21	27	104	1	102	63	129	36	165
Deletions during the year										
Died	1	—	—	—	—	1	—	1	—	1
Left	1	1	4	6	—	5	7	11	1	12
Declared inactive and RFT	18	21	65	110	1	129	86	186	29	215
Total Deletion	20	22	69	116	1	135	93	198	30	228
Change in Type	—	+1	—	—1	—	—	—	—	—	—
Change in Age	—	—	—	—	—	—	—	+1	—1	—
Balance active cases as on 31-12-91	28	39	50	70	—	118	69	164	23	187

Table 10
Distribution and Average duration of disease of New Cases
(Project cases only)

Duration of disease	MB		PB		Total
	Male	Female	Male	Female	
Up to 6 months	3	—	32	23	58
6 to 12 months	6	4	26	21	57
12 to 18 months	—	—	1	1	2
18 to 24 months	3	2	7	5	17
24 to 36 months	1	—	3	1	5
36 to 60 months	1	—	3	—	4
More than 5 years	2	1	1	1	5
Total	16	7	73	52	148

Table 11
Distribution of number of patches in new cases typewise and sexwise

Number of Patches	MB		PB		Total
	Male	Female	Male	Female	
Nil	—	—	9	3	12
One	—	—	42	16	68
Two	—	—	13	9	22
Three	—	—	1	4	5
Four to Ten	2	—	6	8	16
More than 10	1	1	1	2	5
Inumerable	13	6	1	—	20
Total	16	7	73	52	148

Table 12
Type of family of source case or contact cases

Type of source case	Number	Type of contact case		Total
		MB	PB	
MB	7	3	4	7
PB	16	4	12	16
Both	2	1	1	2
Source not traceable	—	15	108	123
Total		23	125	148

Table 13

Trend of leprosy in the Unit

Year	1985	1986	1987	1988	1989	1990	1991
Prevalence rate	11.7	9.1	7.6	4.1	3	1.9	1.42
New case detection rate	4.65	3.30	2.8	1,91	1.46	1.1	1.13

Table 14

Observations

Items	Data		
1. Sex ratio in new cases	1.5:1		
2. P. C. of single patch cases in new cases	46%		
3. Deformity rate in new cases	7%		
4. Deformity rate in active cases	19%		
5. Ratio of L : N	0.18:1		
6. % of new cases on MDT	100%		
7. Sex ratio in active cases	1.71:1		
8. Child rate % of child case in new cases	23%		
9. Child rate in population in new cases	0.79/1000		
10. Average age in population in new cases	32.15	(Male 30.52	Female) 33.75
11. Ratio of prevalence/incidence rate	1.25:1		
12. Ratio of child to adult cases	0,30:1		
13. New cases having familial source	25		
14. New cases from population not exposed to household cases	123		

Mararikulam
(Kerala)

The GMLF started this Unit in Mararikulam on 1st February 1954. The Unit is situated on the Eastern side of the national high way between Ernakulam and Alleppey.

The Unit comprises three villages viz. (1) Mararikulam, (2) Kattoor, and (3) Perunermangalam and for the sake of convenience of work these were divided into 29 blocks and three clinics viz. Mararikulam, Kattoor and Perunermagalam are conducted.

The Unit has completed its 38 years of leprosy control work in the area at the end of 1991, It is manned by one trained medical officer and two trained paramedical workers. The routine SET work was conducted during the year. During the same period 1643 students of one school were examined and no case was detected amongst them.

Case Detection

The total population in the Unit by the end of the year was 51,358 of which 31,489 persons were enumerated and 24,872 persons were examined. The percentage of examination was 79. Four cases were recorded of which three were detected in survey and one reported voluntarily. No cases migrated to the Unit during the year. One arrested monotherapy patient became relapsed during the year and hence put under MDT.

Health Education Programme

Health Education was done in the area through a set of photographs during the survey work when emphasis was on oral, person-to-person talk, display of photographs, group meetings every fortnights by PMWs and health education regarding leprosy to the public.

MDT

MDT in the Unit was started on 12th November 1987 for active cases in Alleppy district. The details of patients on MDT are given in subsequent tables.

Observations

— Four new cases were recorded in the Project area during the year. No case was found deformed amongst the new cases.

— All the new cases belonged to non-infectious type. One was child and three were adults.

— The ratio of male to female in new cases was 1:3

— Of the four new cases three were detected through survey while one reported voluntarily.

— There was an arrested monotherapy case which relapsed during the year and hence put under MDT.

— There are 29 active cases remaining on record by end of year.

The following cases are on regular record by the end of the year :

	L	BL & BB	BT	Others	Total
Active	2	2	8	17	29
Inactive but on monotherapy	2	—	1	4	7
Total	4	2	8	21	36

Some important Statistical Data

A. Age-Wise

		Adult	Child	Total
1. a)	Prevalence rate	6.68	0.23	0 56
b)	New case detection rate	0.08	0.08	0.08

B. Sex-Wise

		Male	Female	
2. a)	Prevalence rate	0.37	0. 19	0.56
b)	New case detection rate	0.04	0.11	0.08

C. Type-Wise

		L+BL+BB	Other	
3. a)	Prevalence rate	0.08	0.48	0.56
b)	New case detection rate	—	0.08	0.08

DMT date

Cases in MDT	MB	PB	Total
Total patients on MDT on 1st January 91	12	23	35
Added during the year	—	5	5
Deleted as cured (RFT)	4	6	10
Deleted for death, emmigration etc.	—	1	1
Balance active cases as on 31st December 1991	8	21	29

Table 15

New cases recorded through survey and voluntary reporting

Group of Population	Cases detected by	Population En.	Population Ex.	% of Examination	Cases Recorded L	BL+BB	BT	N	IND	Total	Incidence Rate
Original	Survey	7,981	6,167	77.3	—	—	—	1	—	1	0.16
	Volun. Reporting				—	—	—	—	—	—	
Birth	Survey	16,364	13,054	79.8	—	—	1	—	—	1	0.08
	Volun. Reporting				—	—	—	1	—	1	
Added	Survey	7,144	5,651	79.1	—	—	—	1	—	1	0.18
	Volun. Reporting				—	—	—	—	—	—	
Total Project Cases	Survey	31,489	24,872	78.98	—	—	1	2	—	3	0.12
	Volun. Reporting				—	—	—	1	—	1	
Migrated as Cases	Survey				--	—	—	—	—	—	
	Volun. Reporting				—	—	—	—	—	—	
Total Project and migrated Cases					—	—	1	3	—	4	

total population of unit by December 91 is 51358

Table 16

Age Sex Classification of case detection through Survey

Particulars		Male			Female			Total		Grand
		A	CH	Total	A	CH	Total	A	CH	Total
Enumerated Population		10,642	4300	13,942	12,613	3934	16,547	23,255	8234	31,489
Examined Population		8210	8389	11,555	10,171	3102	13,273	18,381	6491	24,872
Percentage		77.1	78.8	77.3	80.6	78 9	80.2	79.04	78.8	78.98
Project new cases detected through Survey	L		—	—	—	—	—	—	—	—
	BL+BB	—	—	—	—	—	—	—	—	—
	BT	—	—	—	1	—	1	1	—	1
	N	1	—	1	1	—	1	2	—	2
	I	—	—	—	—	—	—	—	—	—
	Total	1	—	1	2	—	2	3	—	3

Table 17

Balance Active cases

Particulars	Typewise					Sexwise		Agewise		Total
	L	BL+BB	BT	N	IND	Male	Female	Adult	Child	
Active as on 1-1-91	5	2	9	19	—	25	10	30	5	35
Additions during the year										
New	—	—	1	3	—	1	3	3	1	4
Reactive	—	—	—	—	—	—	—	—	—	—
Relapsed	—	—	—	1	—	—	1	1	—	1
Returned	—	—	—	—	—	—	—	—	—	—
Total Additions	—	—	1	4	—	1	4	4	1	5
Deletions during the year										
Died	—	—	1	—	—	1	—	1	—	1
Left	—	—	—	—	—	—	—	—	—	—
Declared inactive and RFT	3	—	1	6	—	6	4	7	3	10
Total Deletion	3	—	2	6	—	7	4	8	3	11
Change in Type	—	—	—	—	—	—	—	—	—	—
Change in Age	—	—	—	—	—	—	—	—	—	—
Balance active cases as on 31-12-91	2	2	8	17	—	19	10	26	3	29

Table 18
Trend of leprosy in the Unit

Year	1985	1986	1987	1988	1989	1990	1991
Prevalence rate	2.50	2.72	1.99	1.75	1.04	0.68	0.56
New case detection rate	0.19	0.25	0.16	0.44	0.37	0.08	0.08

Table 19

Observations

Items	Data
1. Male Female ratio in new cases	1:3
2. P. C. of single patch cases	75%
3. Deformity rate in new cases	Nil
4. Deformity rate in active cases	3
5. Ratio of L : N	0.4
6. P. C. of new cases on MDT	25%
7. Sex ratio in active cases	1.9:1
8. Child rate % of child cases	25%
9. Child rate in new cases	0 04/1000
10. Average age in new cases	27.5
11. Ratio of prevalence/incidence rate	0.56:1.4
12. Ratio of child to adult cases	1:3
13. New cases having familial source	1
14. New cases from population not exposed to household cases	3

Duration of Disease

The duration of disease was less than six months for one male PB and two female PB cases and 6 to 12 months for one female PB case. The average duration of disease for Male PB new cases is three months and seven months for female PB cases.

There is no MB new case. There are three cases which are having single patch (one male + two female) and one female case is having more than four patches.

Tail Piece

The GMLF decided in 1989 to discontinue its activities in Mararikulam Control Unit and handover the area the patients. the land and buildings at three places to the State Government. Negotiations with the State Government started from June, 1990 and after number of meetings end discussions, the leprosy control activities have been discontinued from 1st April, and survey and treatment of patients will now be looked after by the staff of surrounding government cenres. The State Government has however. now been able to arrive at a decission about taking over the land and buildings at Mararikulam, Kattoor and Perunermangalam. The GMLF will wait till December, 1992, after which some alternative arrangement will have to be made.

T'Narsipur
(Karnataka)

The Head Quarter of the Unit is at T. Narsipur, a town situated in Mysore District (Karnataka) 25 Kms from Mysore. The Unit was started in 1955 and consisted 40 villages, around T' Narsipur. The Unit functioned in those 40 villages till 1987. Subsequently at the request from the Assistant Director General of Health Services (Leprosy) Government of Karnataka.

After receiving the approval from the State Government, adjacent area of 92 villages with 2.46 lack population was added to the area of the earlier villages. The expanded area under T' Narsipur Leprosy Unit now consists of 132 villages and 52 hamlets, with a total population of 2.69 lakhs.

For survey and other work all villages and hamlets are considered as separate unit but while reporting to Government hamlets are joined to main villages and data is compiled for 175 main villages and reported.

The prevalence rate of leprosy in initial survey was found to be 1.51 per 1000.

The first total population survey in the extended area was started in January 1990 and was completed in December 1991. However survey figures are reported in this Report for the area where survey is done during the year 1991.

Health education is done by display of photos in groups of families during survey. Multidrug treatment under WHO District MDT programme started from June 1989 for all MB and PB patients.

The Unit has a technical staff of one medical officer. 12 paramedical worker and a PMW for statistics work.

Survey

During the year, 2,39,290 population from unit was enumerated of which 1,05,241 was examined. The percentage of examination was 43% 279 cases were recorded of which 174 were detected in survey and 105 reported voluntarily. No case immigratted to the unit during the year.

Multi Drug Regimen Project

The entire Mysore district covered by Government of Karnataka Multidrug Regimen Project from 1st June 1989.

Dr. R. Rangaramu, Dy. Director NLEP, Sample Survey Assessment Unit Mysore and Dr. J. L. Javargoeuda, NLEP Consultant GOI/WHO, Bangalore visited the Unit during the year.

MDT Data of Base Line Cases

	MB	PB	Total
No. of cases on record before MDT (31.5.89)	139	559	698
No. of cases brought under MDT	125	350	475
No. of cases discharged as			
Cured with MDT	86	326	412
Cured with monotherapy	4	175	179
Died in MDT group	2	3	5
Died in monotherapy group	5	3	8
Left the area from the MDT group	2	12	14
Left the area from monotherapy group	4	26	30
Total No. of discharged cases in MDT group	90	341	431
Total No. of discharged cases in monotherapy	13	204	217
Total No. of discharged cases	103	545	648
Base line active cases under MDT group	35	9	44
Base liue active cases under monotherapy	1	5	6
Total No. of Base line cases on treatment	36	14	50

Bacteriology Work

	New cases			Old cases			RFT cases			Grand Total		
	MB	PB	Total	MB	PB	Total	MB	PB	Total	MB	PB	Total
Smears taken	41	116	157	261	73	334	42	42	84	344	231	575
Smears found Possitive	22	—	22	77	—	77	—	—	—	99	—	99

... *Continued*

Table 20

New cases recorded through survey and voluntary reporting

Group of Population	Cases detected by	Population En.	Population Ex.	% of Exami nation	Cases Recorded L	BL+BB	BT	N	IND	Total	Incidence Rate
Original	Survey	2,00,366	9,0532	45	5	13	18	100	27	163	1.80
	Volun. Reporting				6	12	11	50	14	93	
Birth	Survey	17,149	6,282	36	—	—	—	1	2	3	0.48
	Volun. Reporting				—	—	—	3	—	3	
Added	Survey	21,775	8,427	38	—	1	3	4	—	8	0.95
	Volun. Reporting				—	1	1	6	1	9	
Total Project Cases	Survey	2,39,290	1,05,241	43	5	14	21	105	29	174	1.65
	Volun. Reporting				6	13	12	59	15	105	
Migrated as Cases	Survey				--	—	—	—	—	—	
	Volun. Reporting				—	—	—	—	—	—	
Total Project and migrated Cases					11	27	33	164	44	279	

The total population of the unit by December 1991 is 2,69,272

Table 21

Age Sex Classification of case detection through Survey

Particulars		Male			Female			Total		Grand
		A	CH	Total	A	CH	Total	A	CH	Total
Enumerated Population		82,723	42,325	1,25,048	76,951	37,291	1,14.242	1,59,674	79,616	2,39,290
Examined Population		29,954	20,051	50,005	35,870	19.366	55,236	65824	39,417	1,05,241
Percentage		34 6	47.3	38 80	46 69	51.93	48.40	40.29	49.50	43.31
Project new cases detected through Survey	L	5	—	5	—	—	—	5	—	5
	BL+BB	11	—	11	3	—	3	14	—	14
	BT	11	2	13	7	1	8	18	3	21
	N	46	9	55	40	10	50	86	19	105
	I	7	5	12	7	10	17	14	15	29
	Total	80	16	96	57	21	78	137	37	174

Table 22

Balance Active cases

Particulars	Typewise					Sexwise		Agewise		Total
	L	BL+BB	BT	N	IND	Male	Female	Adult	Child	
Active as on 1-1-91	59	123	31	208	31	299	153	399	53	452
Additions during the year										
New	11	27	33	164	44	166	113	225	54	279
Reactive	—	—	—	—	—	—	—	—	—	—
Relapsed	1	—	1	2	—	1	3	4	—	4
Returned	—	—	—	—	—	—	—	—	—	—
Total Additions	12	27	34	166	44	167	116	229	54	283
Deletions during the year										
Died	1	1	1	2	—	5	—	5	—	5
Left	—	—	—	—	—	—	—	—	—	—
Declared inactive and RFT	14	58	21	191	38	196	126	268	54	322
Total Deletion	15	59	22	193	38	201	126	273	54	327
Change in Type	—	1	-1	—	—	—	—	—	—	—
Change in Age	—	—	—	—	—	—	—	2	-2	—
Balance active cases as on 31-12-91	56	91	43	181	37	265	143	357	51	408

Table 23
Distribution and Average duration of disease of New Cases
(Project cases only)

Duration of disease	MB		PB		Total
	Male	Female	Male	Female	
Up to 6 months	6	4	72	64	146
6 to 12 months	11	2	35	20	68
12 to 18 months	1	—	1	—	2
18 to 24 months	3	—	17	8	28
24 to 36 months	1	—	6	6	13
36 to 60 months	1	3	4	1	9
More than 5 years	5	1	2	3	11
Total	28	10	137	102	277

Note : Duration of disease of two cases is not known.

Table 24
Distribution of number of patches in new cases typewise and sexwise

Number of Patches	MB		PB		Total
	Male	Female	Male	Female	
Nil	—	—	7	8	15
One	—	—	87	52	139
Two	1	—	18	22	41
Three	—	—	9	9	18
Four to Ten	3	2	16	11	32
More than 10	20	8	1	1	30
Inumerable	4	—	—	—	4

Table 25
Type of source cases and of contact cases

Type of source case	Number	Type of contact case		Total
		MB	PB	
MB	7	4	3	7
PB	8	1	5	6
Both	—	—	—	—
Source not traceable	—	33	233	266
Total		38	241	279

Table 26
Trend of leprosy in the Unit

Year	1985	1986	1987	1988	1989	1990	1991
Prevalence rate	3.86	3.75	2.67	1.22	2.94	1.78	1.51
New case detection rate	0.93	0.32	0.44	0.28	1.83	1 30	1.03

Table 27

Observations

Items	Data		
1. Sex Female ratio in new cases	3:2		
2. P. C. of single patch cases	49		
3. Deformity rate in new cases	4%		
4. Deformity rate in active cases	28%		
5. Ratio of L : N	1.6		
6. P. C. of new cases on MDT	98%		
7. Sex ratio in active cases	1.8:1		
8. Child rate % of childin new cases	19%		
9. Average age in new cases	31	(Male 32	Female 30
10. Ratio of prevalence/incidence rate	9:10		
11. Ratio of child to adult cases	1:4		
12. New cases having familial source	13		
13. New cases from population not exposed to household cases	266		

Guest House-cum-Hostel for Medical Officers

New 12 bedded Leprosy Hospital of GMLF Leprosy Control Unit Chilkalapalli (A.P.)

GMLF Leprosy Control Unit, Balarampur (W.B.)

Full team of workers of the unit Balarampur with the Director (GMLF)

Balarampur
(West Bengal)

The Balarampur Leprosy Control Unit was started in 1977 with headquarter at Balrampur Sub Division in District Purulia or West Bengal. The Unit had area of 2500 sq. km. having 25 km North South and 100 km. East West. The Unit consists of 341 villages. The Unit headquarter Balarampur is 33 km from Purulia and 60 km. from Tatanagar. The Unit is divided into four zones viz. A. B, C, D of which A, B, & D are survey zones and C is health education zone. In zone A and D annual surveys were conducted till 1990 while in Zone B the area was divided into two parts when survey is done alternate years. In Zone C after the initial survey in 1979 of health education was done on experimental basis or five years; then second survey was conducted in 1985 and again health educatlon activities were conducted till 1990. During the year under report full survey of Zone C is being carried out considering the reduced workload in the unit because of MDT.

The area of the Unit reorganised into 16 sectors instead of earlier 24 sectores, and area for each worker was enlarged. The methodology that is followed during the year 1990 in Zone A, B, C, is same as in earlier B Zone i. e. survey in alternate year. Hence each sector on Zones A, B and D divided into two parts in such a way that mass survey is done in one part and school and contact survey is done in other parts. In addition one village in each of 16 sectors is kept for health education activity only (no survey). The health education activities in all zones are carried out through group meetings puppet shows.

A ten bedded hospital was started from 28th September 1989 at Balarampur. The hospital will admit needy leprosy patients for their medic l complaints. It has a laboratory and physiotherapy section. 90 patients were admitted in the inpatient ward for different complaints. Out of these 49 cases were admitted for ulcer, 21 for nurties/reaction and 20 for other complaints.

Survey

Contact survey is done in three zones. 10,328 contacts were enumerated of which 9468 were examined.

During the year 530 caaes were recorded of which 508 eases were from project area and 22 cases were immigrants.

Resurvey Report

Zone	Population		% of examination
	Enumerated	Examined	
A	31,160	22,581	72.46
B	40,759	28,167	69 10
C	65,202	56,599	86 80
D	15,018	10,426	69.12
	1,52,139	1,17,773	77.41

MDT

The entire area is coverded for WHO/SIDA Multidrug Regimen Project fo treating patients After intensive therapy monthly pulse is given in the dosag of 600 mg Rifampicin, 100 mg lamprene for alternate days and 100 mg DDS daily. In respect of Paucibacillary cases only monthly pulses were given in the dosage of 600 mg Rifampicin one day and 100 mg DDS only daily of the total 72 active cases. 675 cases (93.61%) were regular in treatment.

Cases on MDT	MB	PB	Total
Total patient on 1st January 1991	224	422	646
Added during the year	73	493	566
Deleted as Cured	65	410	475
Deleted for death, immigration etc.	11	18	29
Change in type	+7	-7	—
Balance as on 31st December 1991	228	480	708
Base Line Cases			
(At the starting of MDT i. e. by 23.3.83)			
No. of cases brought under treatment	609	370	979
No. of cases discharged— As cured	494	343	837
No of cases discharged— As died & left	55	11	66
Total discharged cases	549	354	903
Balance active cases os of 31st December 1991	60	16	76
Added Cases			
(From starting of MDT to 31st December 1991)	494	3170	3664
No. of cases Put under MDT during the year under the report	494	3157	3651
No. of cases discharged— As cured	251	2591	2842
Died & Left	75	102	177
Total discharged	326	2693	3019
Balance active cases	168	464	632
Balance active cases (Old + New) on MDT	228	480	708

Some important Statistical Data

	L+BL+BB	Other	Total
1. a) Prevalence rate	0.87	1.88	2.75
b) New case detection rate	0.23	1.79	2.02
	Male	Female	
2. a) Prevalence rate	0.80	2.51	2.75
b) New case detection rate	0.94	1.73	2.02

Other events

Two orientation camps were organised and conducted during the year one Nekre and another at Tumrasole for primary teachers and panchayat members group

In the village Nekre 46 Primary teachers and panchayat members attende group meeting. In the village Tumersole 82 Panchayat members and leadi persons of the Anchal attended group meeting. Puppet show were conducted the above villages after the camp.

Balarempur Control Unit

Table 28

Health Education Activities	Name of the Zones				Total	Name of the Zones				Total
	A	B	C	D		A	B	C	D	
	Leading Persons					*Others*				
	Numbers					*Attendance*				
1. Individual Contact	167	199	580	231	1177	196	101	383	64	744
2. Photograph display	1209	3368	6615	2766	13,958	7662	16,759	37,120	13,713	75,254
3. Group meetings	306	306	564	240	1416	4591	4718	7684	3497	20,490
4. Puppet Show	3	8	5	7	23	2058	3695	1950	4785	12,488
5. Slide shows	—	—	1	—	1	—	—	55	—	55
6. Exhibition	4	5	13	4	25	535	1210	770	283	2798
7. Seminar/O. T. C.	—	—	2	—	2	—	—	676	—	676

Table 29

New cases recorded through survey and voluntary reporting

Group of Population	Cases detected by	Population En.	Population Ex.	% of Examination	Cases Recorded L	BL+BB	BT	N	IND	Total	Incidence Rate
Original	Survey	1,03789	77,821	74 97	9	7	24	160	—	200	2.57
	Volun. Reporting				15	21	35	144	—	215	
Birth	Survey	10,220	8,089	79.14	—	—	1	19	1	34	4.20
	Volun. Reporting				—	—	2	18	—	20	
Added	Survey	46,051	37,853	82.19	1	—	—	32	—	20	0.52
	Volun. Reporting				—	2	3	14	—	19	
Total Project Cases	Survey	1,60,069	1,23,763	77.31	10	7	25	211	1	254	2.05
	Volun. Reporting				15	23	40	176	—	254	
Migrated as Cases	Survey				1	—	2	2	—	5	
	Volun. Reporting				1	4	1	11	—	17	
Total Project and migrated Cases					27	34	68	400	1	530	

The total population of the unit by December 1991 is 2,61,333

Table 30

Age Sex Classification of case detection through Survey

Particulars		Male			Female			Total		Grand Total
		A	CH	Total	A	CH	Total	A	CH	
Enumerated Population		55,442	26,077	81,519	53,059	25,491	78,550	1,08,501	51,568	1,60,069
Examined Population		40,059	21,436	61,495	41,356	20,912	62 268	81,415	42,348	1,23,763
Percentage		72.25	82.20	75.44	77.94	82 04	79.27	75.04	82.12	77.32
Project new cases detected through Survey	L	9	—	9	2	—	2	11	—	11
	BL+BB	4	1	5	2	—	2	6	1	7
	BT	13	2	15	11	1	12	24	3	27
	N	89	21	110	82	21	103	171	42	213
	I	—	—	—	—	1	1	—	1	1
	Total	115	24	139	97	23	120	212	47	259

Table 31

Balance Active cases

Particulars	Typewise					Sexwise		Agewise		Total
	L	BL+BB	BT	N	IND	Male	Female	Adult	Child	
Active as on 1-1-91	115	109	121	286	16	395	252	572	75	647
Additions during the year										
New	27	34	68	400	1	302	228	453	77	530
Reactive	9	1	7	10	—	16	11	26	1	27
Relapsed	2	—	3	15	—	12	8	20	—	20
Returned	—	—	—	1	—	1	1	1	—	1
Total Additions	38	35	78	426	1	330	248	500	78	578
Deletions during the year										
MD/DD	—	—	—	1	—	1	—	1	—	1
Died	2	3	—	1	—	6	—	6	—	6
Left	4	2	4	12	—	7	15	21	1	22
Declared inactive and RFT	26	39	67	342	1	277	198	400	75	475
Total Deletion	32	44	71	356	1	291	213	428	76	504
Change in Type	+3	+4	+1	-8	—	—	—	—	—	—
Change in Age	—	—	—	—	—	—	—	+12	-12	—
Balance active cases as on 31-12-91	124	104	129	348	16	434	287	656	65	721

Table 32

Distribution and Average duration of disease of New Cases
(Project cases only)

Duration of disease	MB		PB		Total
	Male	Female	Male	Female	
Up to 6 months	9	5	140	105	259
6 to 12 months	23	13	92	75	203
12 to 18 months	1	—	5	1	7
18 to 24 months	4	5	12	13	34
24 to 36 months	1	—	7	5	13
36 to 60 months	—	—	7	6	13
More than 5 years	—	—	1	—	1
Total	38	23	264	205	530

Table 33

Distribution of number of patches in new cases typewise and sexwise

Number of Patches	MB		PB		Total
	Male	Female	Male	Female	
Nil	—	—	11	7	18
One	—	—	133	110	243
Two	—	—	53	38	91
Three	—	1	25	24	50
Four to Ten	5	1	29	22	57
More than 10	6	4	9	3	22
Inumerable	27	17	4	1	49
Total	38	23	264	205	530

Table 34

Type of source cases and of contact cases

Type of source case	Number	Type of contact case		Total
		MB	PB	
MB	54	10	44	54
PB	116	7	109	116
Both	7	—	7	7
Source not traceble	—	44	309	353
Total		61	469	530

Table 35

Trend of leprosy in the Unit

Year	1985	1986	1987	1988	1989	1990	1991
Prevalence rate	18.93	14.39	3.84	2.30	2.27	2.58	2.75
New case detection rate	3.46	1.64	1.53	1,14	1.09	1.56	2.02

Table 36

Observations

Items	Data
1. Sex ratio in new cases	1.32:1
2. P. C. of single patch cases	46
3. Deformity rate in new cases	3%
4. Deformity rate in active cases	5%
5. Ratio of L : N	0.13:1
6. % of new cases on MDT	100%
7. Sex ratio in active cases	3:2
8. Child rate % of child case in new cases	0.14:1
9. Child rate in population in new cases	0.95/1000
10. Average age in population in new cases	30 (Male (29, Female 31)
11. Ratio of prevalence/incidence rate	1:1.6
12. Ratio of child to adult cases	0,17:1
13. New cases having familial source	177
14. New cases from population not exposed to household cases	353

Calcutta Urban Leprosy Project : Genesis

The Gandhi Memorial Leprosy Foundation did some exploratory work between 1961 to 1970 to evolve an alternative methodology of leprosy control work which can be operational to endemic urban areas, through its 11 health education units in that many number of endemic States. Each such unit covered three urban towns. Based on this experience, the GMLF placed before Governmert of India a plan for urban leprosy work which differed from the rural SET pattern in three ways :

1. Total population examination for case detection is not possible in urban situation; it will have to be restricted to some easily amenable groups
2. More stress on health education will carry the message of leprosy to the health conscious urban population, and cases will come forward voluntary for diagnosis.
3. Ample treatment facilities are available in urban areas which should be available to leprosy patients.

The GMLF recommeded this modified SET work in urban areas to the Government of India which approved it and incorporated it as new component in Third Five Year Plan of Leprosy. Though very few urban leprosy centres could be opened in that Plan due to scarcity of funds. many more centres have been opened in the Fourth and successive Plans.

The GMLF had however refrained from establishing its own urban leprosy project for next two decades. Number of voluntary agencies notably those under the guidence of GLRA, had established urban projects in Madras, Calcutta, Bombay, Vishakhapatnam etc.

The GMLF felt that it should also have direct experience of urban leprosy along the new pattern as laid down in the Government of India's Operational Guide. This will give GMLF an opportunity to make operational improvements within the broad guide-line and make special inputs to find out ways not only to improve delivery of service to leprosy patients but also to obtain participation of some identified groups in the community in leprosy control efforts.

This was the background in which an Urban Leprosy Project was started in north-eastern part of Calcutta City in 1989. It is visualised that the new Urban Leprosy Project will initially cover entire population to obtain base-line data on prevalence and relevent epidemiological feature of the problem in that community. Health education will be strong component in the Prejact and various approaches, methods and tools would be utilised. It is also proposed to try out different sampling methods for estimation of prevalence, Calculate comparative effectiveness of active examination and surveillance methods for case detection and effect of migration on population in urban situation. A few studies in the domain of social science research would also be introduced.

Urban Leprosy Project Calcutta

(West Bengal)

Report of Work

The GMLF started this project in North Calcutta area in West Bengal in November 1989. The Project comprises nine wards viz. (Ultadanga, Maniktala., Tangra, Belchery. Nerkeldonga etc) with estimated population of 3.5 lakhs. The Project has a technical staff of one non-madical supervisor, eight paramedical workers and one driver.

Baseline Survey

In SET plan of work, survey was assumed to be possible only in the rural set up. It was thought that in urban places we may not get cooperation from people for volunteer ng them for survey. Hence till lately surveys were not conducted in urban areas and therefore no authentic information either for baseline or for subsequent periods was availab'e.

The estimated prevalence in Calcutta proper was reported to be five per thousand. In order to tastify the accuracy of this figure and also to have baseline data for future comparisons to obtain the trend of leprosy in that part of Calcutta City, It was proposed to undertake first full baseline survey in all the nine wards. In number of other urban projects, no effort to collect such baseline data was made and hence the comparison of future work is restricted to that of first work which is fallacious. Hence GMLF was determined, as a scientific epidemiologic requirement, to undertake full population examination by collecting a little extensive data from each family is extremely difficult and often resisted by some educated, well-to-do families. Such refusals are recorded in the survey Book. Actual survey work commenced from 23rd November 1990. Soon it was realised that a team of eight workers would take too long to cover entire population, services of elevan volunteers were availed after giving them a week's training. Groups of two workers preferably one male and one female, out of these two workers one is trained and one is untrained are formed. With this additional manpower it is hoped that the collection of baseline data will be over by March 1992.

In Baseline survey 1,88,992 population enumerated out of which 91,654 persons examined i. e. percentage of examination is (48 4%). During the year 145 new cases were recorded of which 96 found in baseline survey and 49 cases reported voluntarily. There is no migrated case to the unit during the year.

After this initial baseline survey it is proposed to conduct knowledge attitude and practice survey and then introduce some social components for study in the pattern of work.

Treatment

One weekly clinic was started in each of all the nine wards for treatment of leprosy patients. Since the services of medical officer could not be available during the year services of an experienced ex-medical officer of GMLF utilised for guidance in treatment of MDT started from 1st March 1991.

Table 37

New cases recorded through survey and voluntary reporting

Group of Population	Cases detected by	Population En.	Population Ex.	% of Examination	Cases Recorded L	BL+BB	BT	N	IND	Total	Incidence Rate
Original	Survey	2,76,406	1,45,202	52.5	18	7	9	62	—	96	0.66
	Volun. Reporting				5	7	9	28	—	49	
Birth	Survey	—	—	—	—	—	—	—	—	—	—
	Volun. Reporting				—	—	—	—	—	—	
Added	Survey	—	—	—	—	—	—	—	—	—	—
	Volun. Reporting				—	—	—	—	—	—	
Total Project Cases	Survey	2,76,406	1,45,202	52.5	18	7	9	62	—	96	0.66
	Volun. Reporting				—	—	—	—	—	—	—
Migrated as Cases	Survey										
	Volun. Reporting										
Total Project and migrated Cases					23	14	18	90	—	145	

Table 38

Balance Active cases

Particulars	Typewise					Sexwise		Agewise		Total
	L	BL+BB	BT	N	IND	Male	Female	Adult	Child	
Active as on 1-1-91	12	15	7	58	2	64	30	74	20	94
Additions during the year										
New	23	14	18	90	—	89	56	116	29	145
Reactive	—	—	—	—	—	—	—	—	—	—
Relapsed	—	—	—	—	—	—	—	—	—	—
Returned	—	—	—	—	—	—	—	—	—	—
Total Additions	23	14	18	90	—	89	56	116	29	145
Deletions during the year										
Died	2	—	—	—	—	2	—	2	—	2
Left	—	—	—	—	—	—	—	—	—	—
Declared inactive and RFT	—	—	1	14	—	9	6	8	7	15
Total Deletion	2	—	1	14	—	11	6	10	7	7
Change in Type	—	+2	-1	-1	—	—	—	—	—	—
Change in Age	—	—	—	—	—	—	—	2	-2	—
Balance active cases as on 31-12-91	33	31	23	133	2	142	80	182	40	222

Table 39
Trend of leprosy in the Unit

Year	1990	1991
Prevalence rate	0.26	0.63
New case detection rate	0.26	0.41

Table 40
Observations

Items	Data
1. Sex Female ratio in new cases	3:2
2. P. C. of single patch cases	36
3. Deformity rate in new cases	20%
4. Deformity rate in active cases	22%
5. Ratio of L : N	1:3
6. P. C. of new cases on MDT	79%
7. Sex ratio in active cases	5:3
8. Child rate on childcases	20%
9. Ratio of prevalence/incidence rate	8:5
10. Ratio of child to adult cases	1:4

Health Education Units : Genesis

The GMLF devoted itself, during the first decade (1951-60), to experimental control work in rural endemic areas. The pattern which was evolved received national recognition.

The GMLF then decided to take up leprosy control work in urban endemic areas from 1960. The urban areas differed from rural areas in two vital respects : firstly, urban people being educated and health conscious were not easily amenable to physical examination (S of SET) by a paramedical worker, but could be depended upon to understand signs of leprosy (E of SET); and to seek medical opinion on noting such suspicious signs. Secondly, urban people would be very reluctant to attend an exclusive leprosy clinic but could take treatment (T of SET) in already available clinics. dispensaries or hospitals in urban areas. In other words survey for examination was difficult and running separate clinics was unnecesary.

On the basis of above analysis, GMLF started 11 health education units, each covering three urban towns, in eleven endemic States and worked on a pattern with emphasis on health education. The pattern was accepted by the Government and the component of urban leprosy centres included in the fourth five year plan for leprosy. Once this pattern received recognition, the number of health education units was reduced.

In the Gandhi Centenary Year (1969), the GMLF took up two major programmes through the health education units :

1. Refresher courses on leprosy for private medical practitioners in endemic towns. with help of local branches of Indian Medical Association, with a view to involve the practitioners in diagnosis and treatment of their usual clientele.

2. Orientation courses for pupil teachers of B. Ed , D. Ed. and Dip. Ed. course in all teacher training institutes in the State so that they could take lessons on leprosy for students.

The GMLF has also takan up different programmes for involvement of different groups in society; in a way; it has been the first voluntary agency to reach and involve such groups as ; private practitioner, professors of medical colleges, medical students, Gandhian constructive workers, nurses, women's groups and clubs, tribal workers, newspapers men, literatures, advertising people, youth groups etc.

The health education units have an additional function; they serve as liason between the GMLF on the one hand and the State Goverment and voluntary leprosy agencies in respective States, on the other.

This chapter gives work of the present units in 1991-92.

WARDHA
(Maharashtra)

During the year, the PMO conducted 47 group meetings for various groups attended by 7750 persons.

The Unit organised five social services camps of NSS in wh ch 427 NSS Student Volunteers were present. The PMO delivered a talk on leprosy with a demonstration of slides 750 Scouts and Guides attended this lecture.

A documentary film on "Diagnosis of Leprosy" was screened before groups of doctors who visited GMLF as a part of their study tour. Exhibition were arranged in two schools with an attendance of one thousand students. The unit has also participated in Durga Mela held at Nagpur; where total 98,000 visitors paid a visit to the exhibition on leprosy. Special arrangement was made to show Leprae Bacilli under the microscope.

The Unit organised one orientation for MPWs in Wardha district. Total attendance was 331. All eight Panchayat Samities of Wardha district were covered under this programme.

The unit also conducted special talk on leprosy followed by slides show in four Jawahar Navodaya Vidyalayas in Vidarbha region. Poster-slogan competitions were arranged in the same schools. The total attendance was 460 students, out of 169 have appeared in this competition.

The PMO was deputed to participate in the workshop on Teaching Methodology sponsored by GLRA, This Workshop was organised in GMLF, 19 trainers of Training Centres from three States, Maharashtra, Andhra and Gujarat have attended this workshop.

The PMO was engaged in organisational aspects of three orientation courses for Biology teacher of Navodaya Vidyalayas held in GMLF in August, October and December, additionally he shared the responsibility in conducting the classes in Training Centre.

KHURDA ROAD
(Orissa)

The Khurda Road Health Education Unit was established on 1st October 1964 in Puri district of Orissa State. Shri Jaidev Sahu Health Education Officer has been incharge of the Unit since its inception.

During the year, HEO conducted refresher courses for doctors. Out of six, three were held in three medical colleges and rest were held at State capital hospital, Bhubaneswar, Ispat General Hospital, Rourkela and South East Railway Hospital, Khurda Road. Total 551 doctors attended these courses. Dr. V. P. Bhardwaj, Dr C. Viardo from Philippines, Dr. Samson and Dr. Krishnamurthy. the members of Evaluation Team, Government of India have witnessed the course held at khurda Road.

Dr. P. Kapoor, an eminet leprologist, Dr. M. S. Dash, Regional Director ICMR, Dr. J. M. Senapati, Emeritus Scientist and Dr. P. K. B. Patnaik, Professor from SBC Medical college, Cuttack acted as resource persons.

The Unit arranged 30 groups meetings attended by 947 persons. Four short courses for teachers were also organised by the Unit in which 190 school teachers participated. Further 85 schools organised a talk on leprosy independently, attended by 200 students in each programme.

Two short courses were arranged for nurses. Three programmes for youths were organised for 128 athelets. The HEO was invited for a talk on leprosy in 24 NSS camps under the auspicee of Utkal University The Bharat Scouts & Guides S. E. Railway of Khurda Road arranged mass rally and street play on leprosy. Total 14,000 leprosy seals were sold by the Scouts & Guides.

The HEO also conducted orientation for four batches of NSS officers of various universit es from Orissa, West Bengal, Bihar, Assam. Manipur, Tripura, Meghalaya. These courses were arranged by Ramakrishna Mission at Narendrapur, West Bengal.

As a result of sustained interaction of this unit with faculty of all medical colleges in the State, the teachers covered leprosy through inter-disciplinary teaching like anatomy, pathology, bio-chemistry and Skin. Questions on leprosy were asked in MBBS, MD (SPM) and MS (Opthalmology) courses.

The Seminar on the 'Role of Media men in Leprosy Eradication' was organised at Cuttack University chaired by Shri Yudhistir Das, Speaker of Orissa Legislative Assembly. Shri Ramakrishna Pattanayak Minister for Rural Development spoke on the occasion. Dr. Jayadev Sahu acted as a moderator.

The Unit has prepared a video cassette on Unit's activities, which was released on 18th December at Cuttack.

The HEO presented a paper on Physiotherapy in All India Hand Surgery Conference held at MKCG Medical College, Berhampur.

All India Radio Cuttack invited the HEO for interview programme on leprosy, which was broadcast on 30th January. The Door-darshan net-work of Rourkela telecast a programme on leprosy in which the HEO was invited.

The HEO was actively engaged in the Workshop on 'Role of Poets and Literature', the Workshop on Prevention of disability in leprosy and seminar on Rehabilitation arranged by other voluntary agencies.

The HEO motivated a local branch of Bank of India and the Andhra Bank to provide prizes for Elocution Competition and the refresher course arranged at Medical College, Berhampur.

Shri Sahu. serves as a member of Policy Guidance Committee of NLEP, Government of Orissa State, Executive Committee of HKNS Orissa and Indian Public Health Association, Orissa.

TRIVENDRUM

(Kerala)

This Unit was established in October 1981.

During the year the HEO contacted 58 doctors and 724 non-medical persons, with a purpose of organising refresher courses and a group talks on leprosy. Total 17 group meetings for teachers and students were organised with a total attendance of 2579. 67 talks on leprosy were also arranged for NCC, NSS and Bharat Scouts & Guides in which 22,681 youths participated.

The Unit arranged two refresher courses for doctors with the help of local IMA branches. Total 49 doctors attended these courses.

Nine courses were arranged in Teachers training Colleges attended by 963 teachers. 28 short courses were arranged for nurses, health worker-trainees, and health staff. Total attendance was 2210.

The Unit screened films at 152 different places, arranged exhibitions at ten places where large number of visitors saw the film and the exhibition.

Doordarshan, Trivendrum telecast the GMLF documentary film on "Controlling Leprosy", on 30th January.

The HEO offered guidance to 32 patients for diagnosis and treatment. He also attended six seminars and four medical camps arranged by other voluntary agencies.

Trivendrum branch of Canara Bank sponsored the expenses of printing 8,000 copies of booklet on leprosy worth of Rs. 2000/–.

Referral Hospital : Genesis

The Government of India introduced the National Leprosy Control Programme in 1955-56 based on the SET pattern work, with a provision of five leprosy subsidiary centres (subsequently renamed as Leprosy Control Units).

The second and third five year plans of leprosy had bigger provisions and a hundred leprosy control units and hundreds of SET Centres were established by the end of third (1961-66) five year plan. Leprosy control units were headed by a leprosy trained medical officer, whereas SET Centres were manned by a trained paramedical worker. They had necessary facilities to look after treatment of uncomplicated cases.

From 1961 the GMLF had started on a small scale, efforts for involvement of private medical practitioners in diagnosis and treatment of leprosy patient in their clinics. Those doctors who could look after uncomplicated cases needed some referral services for a small percentage of difficult cases.

The GMLF foresaw the need for running such referral centres which could provide services to medical officers of leprosy centres para medical workers of SET centres, smaller voluntary leprosy institutions and private practitioners treating leprosy patients. The services to be made available were bacteriological histopathological and physiotherapeutic and treatment of complicated cases. Cases intolerant in DDS and patients having intercurrent infections. It was visualised that existing voluntary institutions in endemic areas which have the necessary expertise and physical infrastructure, should provide such services for two to three adjacent endemic districts.

The first such hospital, with above objectives in view was established by the GMLF on 3rd November 1965 at Wardha inaugurated by Dr. S. Radhakrishnan, the President of India. Though the hospital provides treatment to leprosy patients, who prefer to approach it, it aims primarily to cater to the needs of those who are treating leprosy patients in adjacent endemic areas.

Report of the work of the Referral Hospital for the year 1991 is given in this chapter :

The Referral Hospital was established on 3rd November 1965. The Hospial runs an out patient clinic for six days in a week to cater to the needs of patients from nearby areas, and has an indoor wing for 32 beds In addition, it is utilised for the training activity of the GMLF. The hospital has also participated in the Psycho-social Counselling project of the CSSRL by making suitable patients available for the study.

Work in OPD

During the year 411 persons were diagnosed as suffering from leprosy. Many of these cases were referred to leprosy clinics situated nearer to their place of residence for convenience of taking treatment from the OPD of the hospital itself.

Work in Indoor Ward

297 patients needing hospital care and supervised treatment for complications etc were admitted in the in-patient wards. Out of these 130 were admitted for reaction, 124 tor tropic ulcers, 17 for nurities and rest for various other complaints.

Work in Physiotherapy

Physiotherapy section of the hospital attended to 112 cases requiring physiotherapy All patients with anaesthetic limbs were taught the care to be taken to prevent injury, deformity of ulcers. The physiothsrapy technician conducts educational programmes twice every week the groups of 25 to 30 patients. He also maintains finger charts.

Table No. 41

Physiotherapy Work

A. Out Door

Sex	Water/ oil message	Exercise	Splint	Care of hands & feet	Other	Total
Male	44	34	2	39	2	121
Female	21	13	—	17	1	52
Total	65	47	2	56	3	173

B. Indoor

Sex	Water / oil massage	Exercise	Wax bath	Splint	Care of hands & feet	Other	Total
Male	22	13	7	4	18	4	68
Female	15	9	4	3	11	2	44
Total	37	22	11	7	29	6	112

Table No. 42

Out Door Patients Who Have Taken Treatment

Particulars	Lepromatous				Non-lepromatous				Total	
	Male		Female		Male		Female		Male	Female
	A	C	A	C	A	C	A	C		
New cases attended by OPD during the year	146	3	55	—	136	15	50	6	300	111
Old + New cases attended OPD during the year	1082	17	564	15	959	43	302	22	2101	903

Table No. 43

Patients Admitted In The Ward

Reaction			Ulcer			Neuritis			Eye-complications			Others			Total
M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	
90	41	131	92	32	124	13	4	17	2	—	2	22	1	23	297

Table No. 44

Stay In Ward Or Discharged Patients During the Year

Particulars	L, BL and BB					PN, T, BT and IND					Total
	Male		Female		Total	Male		Female		Total	
	A	C	A	C		A	C	A	C		
a) Less than 10 days	41	3	11	1	56	2	2	2	—	6	62
b) Between 10 & 20 days	48	3	17	1	69	5	1	1	1	8	77
c) Between 20 to 30/31 days	49	4	10	—	63	6	—	—	—	6	69
d) Between one month to three months	47	6	27	3	83	2	—	—	—	2	85
e) More than three months	2	—	4	—	6	—	—	—	—	—	6
Total	187	16	69	5	277	15	3	3	1	22	299

Note : M—Male, F—Female. A—Adult, and C—Child

Work in Laboratory

2292 smears were taken from 855 cases. Besides these, 120 slides from government centres in the district were examined for cross verification.

Total slides examined	Total smears	Blood exam.	Urine exam.	Sweat function test	Detection of DDS in Urine
855	2292	78	120	33	94

The Government Grant

The GMLF acknowledges with gratitute the financial assistance the Government of Maharashtra is providing to its referral hospital. As the grant is inadequate the GMLF had made a representation to the State Leprosy Council to consider upgrading it to a reasonable level.

Training Centre : Genesis

In 1951-52, the GMLF had to organise training activity for its own personnel. A four month syllabus for training of medical officers was introduced which was subsequently adopted by the Government of India.

The plan of operation of experimental leprosy control work in rural endemic areas have provided for utilisation of auxillary workers to assist the medical officer in examination of population to detect patients and in their routine treatment. A curriculum of one year course was introduced and the trained paramedics were put in field. The experience showed that they could very well diagnose and treat vast majority of leprosy patients, and needed medical guidance in a few cases. The GMLF was the only agency to train each workers though its three training centres : one at Wardha (Maharashtra) from 1951, second at Mararikulam (Kerala) from 1954 and the third at Chilakalapalli (Andhra Pradesh) from 1956.

After launching of the NLEP, it was not possible for GMLF to meet training need for the nation wide requirement and offered to help State Government to establish their training centres. The Government of India deputed 12 medical officers to GMLF in 1960-61 for their training in leprosy and for conducting training activity thereafter. Thus twelve more training centres were established in the country and the syllabus of GMLF was approved for all centres. The GMLF handed over its training centre at Mararikulam to Government of Kerala in 1968.

The third training course in health education techniques was introduced from April 1968 to train personnel needed for urban leprosy work. The duration is two months and those who are trained in leprosy and have five years field experience are admitted. The curriculum received Government's approval in due course. As only one training centre in health education is inadequate for national requirements, efforts are being made to persuade the Government and voluntary agencies to start similar training courses.

A one–month smear techniques course for trained paramedical workers was introduced from April 1981 at the specific request of Government of Maharashtra. This prompted the GMLF to think of an

intensive training for laboratory technicians. The training was contemplated to be of three-month duration and covered a wide range of topics than the earilier one-month course. The Government of India when approached approved the idea and gave its sanction on 22nd August 1989.

The latest course introduced from June 1988 is for Statistical methods applied in leprosy. The duration is three weeks and admission are given to ZLO's medical officers, non–medical supervisors and statistical assistants.

The GMLF training centre have their own faculty for teaching but also have the advantage of a guest teachers drawn from eminent leprologist and leprosy workers. The teacher-student ratio is thus high :

Following are some special features of the training activity ;

1. Besides class-room lectures there is a high percentage of hours spent in practical, clinical demonstrations and field assignments.
2. For trainees of health education, statistics and smear technicians courses (who had undergone their basic training years age), refresher lectures on recent advances in leprosy are arranged.
3. Every trainee is given individual assignment which he prepares with the help of library and faculty, and presents in the class.
4. Regular library hours are prescribed for training in the time table.
5. Following subjects are specially covered so as to give the trainees a wider perspective of leprosy programme ;
   a) History of leprosy work including the evolution and developments since introduction of NLEP.
   b) Successive five-year plans : objectives of each plan, physical targets and achievements, financial out-lay expenditures.
   c) Emphasis on health education techniques, elementary statistical methods. and calculation of indices.
6. There is a high student-teacher ratio.

Following Training Courses were conducted during the year :—

1. Health Education Techniques (Two months duration)

a) 57th batch (11th January 91 to 10th March)

Five candidates were trained. Three from Director of Health Services Jammu (J & K), one each from GRECALTES, Calcutta (West Bengal) and SWORD Bolpur Leprosy Relief & Health Education Programme, Korak, Purbapalli, Santiniketan west Bengal.

b) 58th batch (1st July to 29th August)

Six candidates were trained, four from ALERT India, Bombay (Maharashtra), one each from GREMALTES Madras and the Director of Health Services, Jammu (J & K).

c) 59th batch (10th September to 10th February)

Four candidates were trained. Two from the Director of Health Services Jammu (J & K), one each from Director of health Services Meghalaya, Shilong, Lok Seva Sangam, Bombay (Maharashtra).

2. Paramedical Workers Training Course (Four months duration)

a) 82nd batch (1st January to 30th April)

17 candidates were trained in which three from Kustha Rog Niwaran Samiti, Shantivan, Nere, Tal. Panvel. Two each from Grama Nava Nirman Samithi, Hydrabad. AMG International, India, Saranda (Orissa), Palampur Home & Hospital (A. P.), One each from Kustha Seva Kendra, Gonda (U. P.), Navajeevan Sangh, Kakinada (A. P.), Simon Leprosy Colony, Rajahmundry (A. P.), Sevadham Trust, Pune (Maharashtra), VIKASH, Bhubaneswar (Orissa), Prema Samajam, Visakhapatnam (A. P.), Nava Nirman Samaj Seva Sangh, Dhule (Maharashtra).

b) 83rd batch (1st July to 31st Obtober)

24 candidates were trained in which, three each from Palampur (H. P.), Shantivan Dham. Chavarda (Maharashtra), Kustha Rog Niwaran Samiti, Shantivan, Panvel, Two each from New life India, Bhonjeer (H. P.), Bombay Leprosy Project, Bombay (Maharashtra). Ashok Kala Niketan, Khopadi Pune (Maharashtra) Sevadham Trust. Pune (Maharashtra), one each from Grameen Sarbatmak Kalyan Kendra, Calcutta (West Bengal), Kushtha Rog Punarvasan Kendra, Dombivali, Bombay, *Pralhad Madhav Ruikar*, trust Yeotmal (Maharashtra), Moraya Hospital, Ashwin Medical Foundation, Chinchwad Pune (Maharashtra), Pune District Leprosy Committee, Pune (Maharashtra), GMLF, Wardha (Maharashtra), Utkal Prabha Kushtha Sevak Seva Sadan, Salur.

c) 84th batch (1st December to 31st Merch)

21 candidates were trained in which four from Shantivan Kushtha Rog Niwaran Samiti, Nere (Maharashtra) Two each from the Director of health Services, Shimla (H. P.), Hoina Leprosy Research Trust, Muniguda (Orissa, Shantivan Kushtha Dham, Chawarda (Maharashtra), VIKASH Sadhak, Pune, one each from Amrutvan Kushtha Rog Punarvasan Kendra, Pardi, Nagpur (Maharashtra), Ashok Kala Niketan Kendra, Pune (Maharashtra), VIKASH Samiti, Prabhavati Gram Jamui (Bihar), Church of South India Hospital.

Bangalore (Karnataka), Lok Seva Samgam, Bombay (Maharashtra), Samagra Seva Ashram, Jaunpur (U. P.), Akhil Bharati Swamy Rangnath Gurudas Mandal, Kerhale (Maharashtra), Moraya Hospital, Ashwin Medical Foundation, Chinchwad, Pune (Maharashtra).

3. Statistics Training Course (Three Weeks Duration)

a) X batch (1st April to 8th May)

Two candidates were trained of which they were from the Director of Health Services, Maharashtra, Pune.

b) XI batch (1st January to 24th January)

Six candidates were trained of which two were from LEPRA India. Secunderabad, one from Maharashtra Lokhita Seva Mandal, Bombay, Grama Nava Nirman Samiti, Hyderabad Health Centre, Nellore, Grameen Sarbatmak Kalyan Kendra, Calcutta.

c) XII batch (3rd March to 28th March)

Five candidates were trained in which, two were from GMLF, Wardha (Maha.), one each from Lokhita Mandal Bombay, Vimala Dermatological Centre, Bombay, Varsova, Bombay and the Director of Health Services, Pune Maharashtra.

4. Guest Lecturers

1. *Health Education Training Course-)*
   Dr. S. V, Shastri, Wardha.
2. *Paramedical Workers training course-*
   Dr. S. V. Shastri, Wardha
   Dr. J. Junankar, Wardha.
3. *Statistics Training Course-*
   Dr. A. S. Bhatiya, CJIL, Agra.

Centre For Social Science Research On Leprosy : Genesis

Leprosy is understood as a medical problem with serious Social overtones. Attempts are made by medical scientists on, the one hand to understand all factors related to epidemiology and transmission of the disease and to contain the problem through therapeutic intervention. On the other hand, social workers engaged in leprosy are making efforts, on humanitarian plane, to help the patients to regain their position in family and society.

Experience of three decades of leprosy control work has revealed that these efforts are not adequte unless we can identify the sociological factors which hamper the work and try to bring in social science inputs to understand leprosy as people perceive it and plan measures to combat.

The GMLF, with its philosophy embedded in community participation, has tried to involve social scientists, of different disciplines, in leprosy work. The objective has been to seek their help in broadening the understanding of social perception as also to know the dynamics and mechanism of social change; an understanding which will help us to modify and improve delivery of leprosy services.

An important landmark in these efforts was a National Seminar on Social Aspects of Leprosy, convenced by the GMLF in November 1982 at Bombay, attended by 51 social science experts. One of the recommendations was establishment of a social science research centre. Support to this idea also came in the reports of the Working Group on leprosy of Government of India (1982) and the Study Team of Government of Maharashtra (1982). The initiative taken by GMLF in the respect was appreciated by the Government of India and the World Health Organisation.

Soon after the National Seminar (1982). the GMLF established a Social Science Advisory Panel in June 1983 which met in January 1984 to discuss the recommendation of the Seminar. It strongly suggested establishment a centre to initiate social science studies and also discussed the objectives, organisational structure and functions of the Centre. These suggestions were approved by the GMLF in October 1984. It took some time to appoint a Chief Research Advisor to head the Centre which formally started functioning from September 1985.

The chapter details in work done during 1991.

1. Introduction

The CSSRL was setup by the GMLF in 1985 with the following objectives :—

i) To conduct and promote social science research disseminate and utilise research results in planning, programming, evaluation and training.

ii) To survey existing social science research and examine their relevance to the National Leprosy Eradication Programme.

iii) To identify gaps in social science research with reference to national needs.

iv) To equip and to orient social scientists and health scientists for health behaviour research in the field of leprosy.

v) Documentation of research information and data.

In the year 1988 the TDR Wing of the World Health Organisation, Geneva. had awarded a long-term International Strengthening Grant to the CSSRL.

2. Activities during the year :

A) Research

i) COMPLETED PROJECTS :

A project on "Acceptance Level of Leprosy Patients in the Family : An Analytical Study in Tamil Nadu", had been carried out in Tamil Nadu" covering two districts; one with high endemicity (South Arcot) and the other low endemicity (Kanyakumari). The study attempted mainly to ascertain the relationship between endemicity and the level of acceptance of the patients by their Famiiies. The Project report has been submited to the sponsor DAMEIN FOUNDATION.

ii) ONGOING PROJECTS :

a) "Manobal" Psycho-Social Counselling and Guidance for the Leprosy Afflicted", a three year action research project aimed to asses the impact of counselling in preventing dehabilitation and to develop counselling techniques needed in leprosy in clinics was launched in the referral hospital of GMLF. Counselling services for the experimental group and evaluatlon of the impact of counselling on the cases declared 'Released from Treatment' (RFT) is in progress.

b) 'Developing Psychological Test for Leprosy Patients' To measure the level of anxiety, depression, frustration of leprosy patients, CSSRL is a developing a few psychological tests Item construction for the three tests is over.

c) A Study on "Perceptiion of Leprosy Patients and Leprosy Workers about Leprosy and its Control" (started in 1990) aims to examine the interrelationship between perception of Leprosy patients and leprosy workers and the behavioural patterns of influencing the success of the Leprosy Eradication Programme. Data collection in all the selected districts of Tamil Nadu and Andhra Pradesh was completed. The field data are being computerised for tabulation.

B) Protocol Formulation :

The Centre has finalised the Project proposal for the study Acceptence of MDT : A Sociological Perspective, under the guidance of Prof. R. K. Mutatkar. This is being submitted to SER of the WHO shortly for funding during the spill over period". Leprosy Control through Primary Health Care", another project protocol being attempted by Shri S. P. Tare will also be sent to WHO for funding once it is finalised.

C) Workshop/Meetings Organised by the CSSRL

The Centre conducted a Workshop on Social Science Research on Health Education in Leprosy held in Pune from 17–19 February attended by 30 participants of which 12 were resource persons and the rest comprised faculty members of CSSRL and M. Phil/Ph. D. students.

3. Staff Participation

a) Workshops / Conference

i) Dr. N. Kanan and Shri M. S. Raju in in the Workshop on "Teaching of Leprosy,' by GMLF in June.

ii) Shri P. Velayudham in Workshop on "Health Economic" in TISS Bombay from 28th October to 3rd November.

4. Paper Presentation

a) Dr N. Kannan on "Social Aspects of Rehabilitation," in TLM-GLRA Workshop at Miraj 23/25 September.

b) Papers in XVII All India Leprosy Workers' Conference at Dattapur in December :

i) "Knowledge about leprosy among patients, families and Community : A Comparison" by Dr. N. Kannan and Shri M. Sivaram.

ii) "Psycho-Social needs of Leprosy Patients : Need for Counselling inputs" by Shri M. S. Raju and others.

c) 'Comunity Awarenes about Leprosy Eradication Services'' in XVI Indian Social Scienc Congress, Pune by Dr. S. N. M. Kopparty : 20 - 21 December.

5. Faculty Development

i) Dr. A. M. Kurup, CRS, visited Thailand and Philippines from 30th April to 31st May under visiting scientist grant of WHO, to study the leprosy programme and research activities in the two countries

ii) Mr. M. Sivaram attended a summer training course in Bio-Statistics, in in April orgnised by the Christian Medical College, Vellore.

iii) Shri P. Girdhar has been deputed to undergo a six month Certificate Course in Research Methodology at the Tata Institute of Social Sciences, Bombay since December.

6. Linkage Development

A Memorandum of Understanding for collaborative research and training activities has been signed by the CSSRL with the University of Philippines, System. Philippines and the permission of Government of india is being obtained to sign with Mahidol University, Bangkok and Chiang Mai University. Chiang Mai (Thailand).

7. Other

1. First two issues of CSSRL news Letter was brought and circulated across the country and abroad.

2. "Health & Leprosy and Society", written by Dr. A. M. Kurup was published in December, It is based on an endowment lecture delivered at the Political Science and Public Administration Department of the University of Madras.

3. A total of over 200 titles were added to the Library till December to the existing collection under Health Sciences, Social Sciences, Statistics, Research Methodology etc., raising the total number of titles to 3252. A total number of 56 journals are being received in the library.

4. The CSSRL had following visitors-

a) Prof. Vijay Kocher in June September and January.

b) Dr. (Mrs) Kalpana Mutatkar' AHM, India in June.

c) Dr. S. R. Qamra of JALMA, Agra in July.

d) Mr. Doughlas Johna, from Portland, Oregon.

e) Dr. U. Koka, Regional Director, WHO, SEARO.

Managging Committee of the CSSRL

The Managing Committee of the CSSRL (constituted in 1989) met in April, December and March during the period under report and took some important decisions relating to the academic and administrative aspect of the Centre.

Scientific Advisory Committee (SAC) of the CSSRL

The Scientific Advisory Committee met on 5th October at the Centre under the Chairmanship of Prof. N. Subba Reddy of Hyderabad and reviewed the progress of the Centre in its various activities and offered necessary advtce for the further promotion of its research activities.

Social Science Research Fund

As decided by the Managing Committee of the CSSRL, a social Science Research Fund has been constituted by the CSSRL. Till the end of December about Rs. 1.30 lakh has been credited to the fund.

Research Fellowship and Assistance

With a view to encourage social science students to take up research on Leprosy, the GMLF, at the instance of CSSRL, has instituted a scholarship for a student, every year, of M. Phil in Sociology, Hyderabad University for undertaking research on social aspects of leprosy.

The junior social scientists at M. Phil/Ph. D. Level of different universities are assisted in participating in technical meettings arranged by the CSSRL from time to time, rendering necessary guidance related to formulation of project proposals bibliography etc.

International Gandhi Award : Genesis

The problem of loprosy is not confined to the boundaries of India. It is a global problem in many developing and a few developed countries, leprosy is causing considereble concern to health authorlties and health workers. Numerous international agencies and still greater number of voluntary agencies have identified this cause as their major concern and have brought about a sea change in the situation.

In this crusade of man against the disease, the dadication and commitment of thousands of workers the world over is no small contribution. Apart from a few glowing examples of selfless human endeavour In the history, there are many who remain unsung, unknown and unrecognized, yet no less determined to fight it out.

These are individuals, motivated by ideal and altruism and tempered with scientific outlook, who are continuously striving, in the words of the Mahatma, "transforming furstration in life into the joy of dedication, porsonal ambition into selfless service".

The Mahatma, a great leader of humanity, had a deep and lifelong interest in leprosy. It was thus very appropriate, in the words of Shri Venkataraman, Vice-President (now President) of India, that "an institution (GMLF) formed by the founding fathers of Independent India as a memorial to the Mahatma. has taken this initiative" of Instituting an award in his name on global basis.

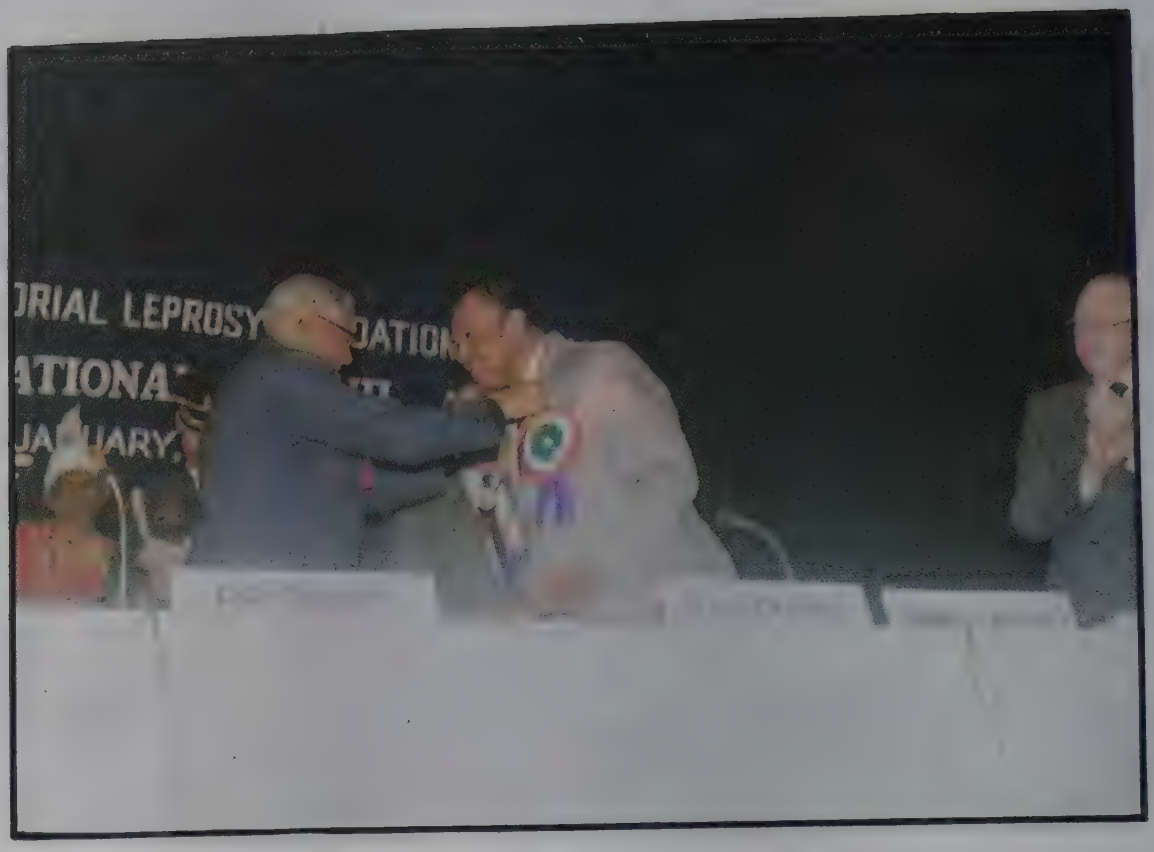
The GMLF decided in 1984 to institute this award "to be given every two years to a person belonging to any nationality who has made internationally recognised and outstanding contribution". The person should have worked for at least ten years "in the field of leprosy control, eradication, research and rehabilitation resulting in amelioration of suffering of leprosy patients or expediting the process of scientific understanding of leprosy".

The International Gandhi Award for leprosy consists of a medallion a citatioon and a cash grant of Rs. 100,000–.

By instituting the Award the GMLF is trying "to rich the world at large to constantly communicate the massage of the Mahatma that leprosy is a common disease like any other and the leprosy patients are as much part of the society as the tallest among us".

Director, GMLF, feliciteted on completing 60 years of age by National Headquarters of Bharat Scouts & Guides at New Delhi.

Dr. U. Koko, Regional Director, WHO SEARO visits GMLF



The President of India presenting International Gandhi Award for 1992 to Dr. E. J. Lawrence (above) and Mr. Roger Gaudry on behalf of late Cardinal Paul Leger.

The International Gandhi Award was given this year, for the fourth time, on 30th January.

The procedure for selecting the recipient was initiated in April 1991 when nominations were invited from 85 countries by sending the material to Indian Ambassadors, Indian Associations, International funding agencies and national leprosy associations in those countries. By August 1991, 13 nominations were received which were then circulated to the International Panel of five experts who were requested to send their scores in order of merit, to Dr. S. D Gokhale, Convenor of IGA Committee. These were received in October 1991.

The meeting of the International Gandhi Award Committee was held on 15th October at the residence of Dr. Shankar Dayal Sharma, Chairman of the Committee and was attended by Shri M. L. Fotedar, Minister for Health and Shri Sitaram Kesari, Minister for Welfare besides the Chairman and Convenor of the Committee, and the Director of GMLF.

The IGA Committee selected Cardinal Paul Emile Leger of Quebec Canada and Dato Edward J. Lawrence of Kuala Lumpur, Malaysia. These two names were finally confirmed in the emergency meeting of GMLF which was held at the same place on the same day soon after the IGA Committee meeting.

The selection of the two recepients was announced on TV. Both the recipients were informed and they gave their consent to receive the Award.

Dr. Paul Gaudry, accompanied by Miss. Theressa Gaudry his daughter and Dato E. J. Lawrence accompained by Mrs. Millika, his wife, arrived on 25th morning, which day was spent in sight seeing. At Delhi, both the recipients made advance courtesy calls on the President of India, the Vice President of India and the Hon'ble Minister for Health and for Welfare. Interviews of the recipients were recorded by the AIR and the television and a press conference was also held The Malaysian Embassy arranged reception in honour of Dato E. J. Lawrence. The recipients attended there civic functions : republic day parade, Beating the Retreat and the Reception in Rashtrapati Bhawan on the evening of Republic day.

The Award function was held at Mavalankar Auditorium at 6.30 p. m. on 30th January and was well attended by over 700 invitees. Dr. S. D. Gokhale welcomed the dignitories, the recipients and the audience and briefly informed the background of the Award and the procedure of selection of awardes. Dr. M. S. Gore read the citations given to both the recipients which was followed by presentation to the respective recipients of the Award money (in US dollars) the medallion and the citation at the hands of the President of India. Dr. Shankar Dayal Sharma, Chairman of IGA Committee spoke to say about GMLF and particularly of this activity. President and Vice President had nice words to say about GMLF and particularly of this activity. This was followed by responses by both Dato Lawrence and Dr. Paul Gaudry who expressed appreciation of

GMLF's contribution to the National Leprosy Programme. Dato Lawrence nostalgically referred to his visit to Wardha in 1962 which he called a most inspiring and rewarding experience.

Dr. &. Miss Gaudry had excused themselved earlier from joining the Programme of further visits to Calcutta, Wardha and Bombay. Dato Lawrence came to Wardha and spent four days here. He visited field areas and had extensive discussions with senior workers. From Wardha, he was taken to Bombay for a day where he called on the Chairman of GMLF, met over twelve leprosy workers of Bombay in a get-together and visited field area of ALERT India. He left on 9th early hours for home.

Involvement of Youth : Genesis

The GMLF in all its leprosy control and health education programme has, since 1965, sought community participation in ample meaisure and obtained excellent results The health Education Units of the GMLF were the bane of this programme through which the GMLF approached large segment of teachers, nurses, medical practitioners. Gandhian constructive workers, social service clubs Lions, Rotarians, Mahila Mandals for involvement in leprosy control work.

A number of lecture programmes were conducted for these groups in all these Programmes it was brought home to the listeners that being members of community. they owed it to the society that their suffering brethern were not hounded out but were given human treatment based on equality and understanding.

The teachers for example. was a single largest group handling a tender-age population of students which could be saved from the tragic consequences of leprosy if the teachers knew what leprosy was like. Similar expections were broached while addressing other groups. Leprosy is no respector of persons and hence. it was stressed. it was everyone's concern and each had a role to play as a member of the community.

The rewards brought in by community participation were rich indeed in that the teachers stopped victimization of their pupils if they happended to have leprosy, the nurses became alive to the signs of leprosy and reported suspicious looking patches their doctors. the practising doctors detected leprosy cases from among their clientele and treated them in their dispensaries. Other groups too did their bit and helped bring about a change in societal outlook.

The encouring response of the community participation prompted the GMLF to tap other larger groups for their involvement in the leprosy contro! programme. The International Youth Year provided the opportunity in which it was decided that among the many youth organisations in the country, there were three. viz. The Natienel Cadet Corps, the National Social Service and Bharat Scouts and Guides which had thd the largest membership— about 36 lakh youths— whose energies could be harnessed in creating awareness about leprosy. Respective Directorates were approached and with their consent, a programme was chalked out.

The chapter outlines the outcome of involvement of three youth organisations in 1991.

Details of NCC. NSS and Bharat Scouts & Guides camps conducted by GMLF during the year under report (1991).

1. National Cadet Corps (NCC)

State	No of camps	Attendance
Kerala	34	16,324

2. National Service Scheme (NSS)

University	No. of camps	Attendance
Ramakrishna Mission (West Bengal)	4	84
Kerala	11	773
Maharashtra	4	455
West Bengal	1	15

3. Bharat Scouts & Guides (BS&G)

State	No. of camps	Attendance
Kerala	14	2953
Orissa	10	1030
Maharashtra	2	1320
New Delhi	2	153
Gujarat	1	35

Action Phase

The GMLF made and appeal to NCC, NSS and Bharat Scouts & Guides to take-up action programme during the anti-leprosy week. All the organisations gave enthusiastic response during this year :

Organisation	Responses received	Sale of leprosy seals
NCC	15	10,550
NSS	34	9,265
Bharat Scouts & Guides	7	23,880

During the year GMLF supplied folders to these organisations in following regional languages :

Organisation	Hindi	English	Marathi	Orissa	Bangali	Telugu	Malyalam
NCC	5000	5000	15000	2000	500	15000	20000
NSS	3000	3000	3000	2000	14500	15000	20000
Bharat Scouts & Guides	3000	3000	3000	15000	1500	15000	15000

In addition to above folders 2000 Guidelines for NCC & NSS officers have been distributed to NCC and NSS.

Prize distribution at Wardha for essay competition for high school students at the hands of Miss. Kavita Gupta IAS, Chief Executive Officer Zila Parishad

Anti Leprosy Week 1992

Procession by students in Balarampur Control Unit (W.B.)

Exhibition during Anti-Leprosy Week in T'Narsipur (Karnataka)

Algud Clinic of

T'Narsipur Control Unit

4. Involvement of Navodaya Vidyalaya in Leprosy Control Work

Three-day orientation courses in leprosy for Biology teachers of Novodaya have been organised for following States :—

	State	Number of participants		Total	Training Place	Month
		Male	Female			
1.	Maharash ra	9	5	14	Wardha	February
2.	Madhya Pradesh	6	7	13	Wardha	September
3.	Maharashtra, Goa Diu, Daman, Gujarat	11	—	11	Wardha	October
4.	Andhra Pradesh	8	4	12	Wardha	December

The following Navodaya Vidyalaya organised lectures on leprosy and arranged poster competitions :—

	Navodaya Vidyalaya	Students attended	Teachers	Total	Students participated in poster competition
1.	Yeotmal	250	12	262	30
2.	Nagpur	150	5	155	26
3.	Wardha	60	—	60	45

Acknowledgement

The vast amount af literature was brought out for youth awareness programme with financial support of Leprosy Relief Organisation, Munich (Germany) The GMLF records its grateful thanks for this assistance.

Other Activities

I. All India Conference

XVII All India Leprosy Workers Conference was held at Dattapur from 20th to 22nd November in the arrangements of which GMLF was totally involved. Ten workers from GMLF were deputed to attend the Conference.

Shri S. P. Tare Director chaired a session while Shri D. S. Wele Shri M. G. Ranade and Shri V. Prabhakara Rao, part cipatedas repporteurs. Two articles were presented on "Psychological needs of leprosy patients" by Shri M. S. Raju and the other on "Knowledge about Leprosy among patients, families and community" by Dr. N, Kannan, *et. al.*

II. Leprosy Week

1) A procession was organised in Chilakalapalli in which 200 NSS volunteers of Government Junior College, members of youth association of Chilakalapalli and Narayanapuram and staff of Government College and GMLF staff participated. Another procession was organised at Wardha which was flagged off by International Gandhi Awardee Dr. E J Lawrence and third one was organised at T'Narsipur Unit in Karnataka for school students.

2) Three essay competitions were organised at Wardha. Chilakalapalli and Sevagram. A total of 497 students from 24 schools participated.

3) Hundreds of Scouts and Guides wrote slogans on walls in Cuttack, Puri and Bhubaneswar towns.

4) 260 group meetings and 13 slide show programmes and video film shows were conducted in different centres.

5) Leprosy seals were sold and hundreds of posters were fixed in different places in different units.

III. Orientation Course

Banwasi Seva Ashram, a major developmental agency with headquarter at Govindpur, (Dist. Sonbhadra in U. P.) desired their health workers to be oriented in leprosy. The Director and Assistant Director (Health Education) conducted the programme for over sixty health workers on 9th and 10th April. The Ashram proposes to take care of all leprosy patients in hundreds of villages which are under their cover.

IV. New Members

Three new members were selected in the three vacancies among GMLF's trustees : Dr. B. N. Mittal, Dy. DGHS (Leprosy), Dr. Vikas Amte and Dr. (Mrs) Ragini Prem. Shri T. Appanna, NMS represents the workers of GMLF on the managing body,

V. Resource Mobilisation

The GMLF has been in the red financially since last few years. Though it has assured source of income to

the extent of 80% of its annual expenditure and support from five international agencies for equal number of its project which GMLF has to meet, and a few projects and administrative expenses for which it is difficult to obtain funds. Moreover, the liberal upgrading of salaries and allowances introduced during the year to bridge the everwidening gap in salaries available elsewhere has stretched the liquidity to its maximum Hence a Resource Mobilisation Cell was introduced under an experianced fund-raiser and four field assistants were recruited and trained. They started work from August and did a good job inspite of their inexperience in such an effort and other inhibiting factors. 64 educational institutions participated and the number of students involved was 47,000. The GMLF has no intention to collect too much money because excessive funds spoil both individuals as well as institutions. Even with this realisation, this network will have to be widened in the next year to bridge the existing gap. The GMLF is extremely thankful to the Chiefs and teachers of these educational institutions for their enthusias ic support.

VI. Retirement of Director

Shri S. P. Tare, Director of GMLF since June 1982, retired from the post on 30th June, 1991 on completion of 60 years of age. The GMLF has, however, requested him to continue for three more years so that a suitable person can be identified and be appointed.

VII. Accounts of GMLF

It has been our regular practice to publish the audited accounts of GMLF in the annual report. Audited accounts of 1990-91 were published in the last report. It has not been possible to publish the accounts of 1991-92 because we have not received them from the Auditors while going to Press.

They will be published in next year's report.

VIII. Tours of Director

1) Workshops/Conferences etc

a) Addressed Orientation course for workers of Banwasi Sewa Ashram, Govindpur from 9th to 11th April.

b) Attended Conference of Non-government organisations at New Delhi in India International Centre convened by Government of India, from 14th to 16th April.

c) Attended Workshop of voluntary leprosy institutions of Andhra Pradesh on 23rd and 24th August at Visakhapatnam.

d) Attended National Conference of Voluntary Institutions on 21st and and 22nd September at Bombay.

e) Attended a National Conference of Incharges of Leprosy Training Centres in India on 15th and 16th November convened by Directorate General of Health and Family Welfare, Government of India, at CJIL, AGRA.

f) Attended XVIII Binnial Conference of Indian Association of Leprologists at Durg-Bhilai 2-4 January.

g) Attended Leprosy Workshop convened by Commonwealth Liaison Unit, West Zone at Bombay on 6th February.

h) Inaugurated a Leprosy Seminar convened by State Scouts and Guides at Pondicherry on 2nd October.

2) Meetings

a) Attended meeting of Gandhian Agencies convened by Union Minister of Social Welfare on 11th August at New Delhi.

b) Attended Special meeting of Sub-Committee of NLO on 10th March at Baroda.

3) Visits

a) Visited Vimla Dermatological Centre at Versova on 24th September.

b) Visited GMLF Health Education Unit, Trivendrum on 4th October

c) Field visits to Sonepat (Haryana) Ambala (Haryana), Chandigarh, Ropar (Punjab) Sirmur (Himachal Pradesh) as Team member of Experts for the IV Independent Evaluation of NLEP from 11th to 29th December, appointed by Directorate of Health and Family Welfare, Government of India.

d) Attended Silver Jubilee function of GLRA at Madras and ALES at Rani Sitai Hall on 18th October. Also attended informal get-together of donee agencies at Hotel Savera on 19th October.

e) Talked on Leprosy to a group of Scout Leaders from different countries arranged by AHM at Madras on 7th January.

f) Radio recording at Nagpur AIR on 17th January on "Gandhiji and Kushtha Nirmulan".

IX. CHIEF Research Scientist

1) Visit to Thailand and Philippines for study of leprosy research institutions and leprosy programmes as WHO Visiting Scientist from 30th April to 30th May.

2) Madras–on 10th to 13th July for meeting with WHO officials on organisation of Health Education Workshop.

3) Bombay- on 9th to 11th August for Health Planning meeting.

5) Bombay – on 17th to 19th November for Health Education steering Committee meeting.

6) New Delhi— on 1st to 4th December to meet officers of ICSSR and Minister of Health regarding grant of CSSRL.

7) Pune— on 10th to 19th February for CSSRL Workshop on Health Education at Pune.

8) New Delhi— on 6th to 10th March for meeting of the Managing Committee of CSSRL and discussion in the Union Ministry of Welfare.

X. Assistant Director
(Health Education)

I) Attended Conferences, Workshops and conducted Training Programme.

a) To conduct lectures on leprosy in Government College of Education Bhandara January 24-25.

b) To condnct training programme for Swasthya - Sakhi - Female Health Workers at village level–Banvasi Sewa Ashram Govindpur, District Sonbhadra (U. P.) April 7-8-9.

c) Conference for Voluntary Organisation held at Bombay Sept. 20-23

2. **Visits**

a) Visits to NSS Social Service camp Rashtra Sant Tukdoji Maharaj Arts and Commerce College, Chimur, Chandrapur January 28-29

b) Visit to Anandvan to attend the meeting of Maharogi Sewa Samiti, April 13–14.

c) To attend the meeting of Executive Committee of HKNS, Maharasntra branch held at Bombay, April 24-27 and on 6th December.

d) To attend the meeting of Panvel Kushtha Rog Sewa Samiti held at Bombay June 12-14.

e) Visit to New Delhi to conduct Seminar at National Headquarters, Bharat Scouts and Guides, Noida, September 7-9.

f) Visit to Chandrapur to attend prize distribution programme in school organised by Lokmanya Tilak Kanya Vidyalaya October 4.

g) Visit to Chawarda— Buldhana to see the work of Shantivan Dham on December 9.

XI. Participation of Workers in Workshops/Conferences

1) Shri S K. Bandopadhyay, H. E. O. Balarampur participated in the Workshop in Psycho-Social Aspect of Leprosy held at Karigiri from 14th to 25 October.

2 Dr. K. B. Subuddhi, Dr. J. S. Revannawar and Shri V. Prabhakara Rao, Project Officer, GMLF Control Unit, Chilakalapalli participated in the Workshop on "Reversal Reaction and Relapses after MDT in Leprosy, convened by Dr. Stanley Victoria Hospital, Dichpalli on 9th and 10th December.

3. Dr. K. B. Subuddhi, Dr. J. S. Rewannawar and Shri M G. Ranade. attended the XVII Biennial Conference of Indian Association of Leprologists held at Bhilai from 2nd to 4th January and Dr. Subuddhi presented a paper on "New Case Dedection after MDT".

Health Education Material

The health education material produced by GMLF is not new to field leprosy workers. It has been there much before the advent of the National Leprosy Control (presently Eradication) Programme.

Initialy, it was in the form of small notes, booklets and folders for limited groups. But as more and more institutions took-up leprosy work and as community participation became an item of emphasis, the need for better health education material and in large quantities became necessary.

The GMLF rose to the occasion and opened an independent cell the health Education Bureau to think and produce good quality material. Most of the material is pre-tested in the field and today most of it widely used by leprosy workers is produced by GMLF.

In respect of written material, it is important that it be in local language. The GMLF over the years has developed a mechanism through which it has been able to provide version in about eight to ten languages of most of the material it has marketed.

In respect of smaller leaflets and pamphlets, the GMLF permits other institutians to translate and print them in their own names without referr ng to the GMLF. Many of these pamphlets/ leaflets are thus reprinted by various voluntary agencies.

The colour film Controlling Leprosy produced by GMLF in 1984 is adjudged to be the best educative film on leprosy. It has been rendered in Hindi, English, Marathi and Malayalam languages. This film with all rights has been sold to Films Division of Government of India.

A colour documentary "Diagnosis of Leprosy" for medical and paramedical groups is also available for sale.

The introduction of "Flash Cards" and an 'Album' on leprosy were highly appreciated by leprosy workers in the country. Another noteworthy publication by GMLF viz. 'Master Plan for Eradication of Leprosy through Mass Awareness, Health Education and Community Participation' was a document welcomed by research and leprosy workers as well.

'Challenge before the youth' and You' too can do this' are two titles, specially prepared for NCC, NSS and Bharat Scouts & Guides, A large number of these folders are in use, by these organisations, in the education of the community.

This is not all. The effort continues. The material produced needs revision in the context of new informat on available and every new reprint/ version is always a improved modified one

With the arrival of telecommunication facilities all over India, including the remote, unaccessible areas, it has become possible to create awareness about leprosy in those areas. The GMLF is in touch with-media experts to design short duration messages suported by visuals so that no section of the community remains ignorant of leprosy.

A list of all health education material currently available with GMLF is given in appendix to this report.

HEALTH EDUCATION MATERIAL SOLD SO FAR (1991—92)

Sr. No.	Particulars	Language	Quantity
I.	**Publications**		
1—	Round the World of Leprosy	English —	988
2—	Protection Against Leprosy	English —	6005
3—	" " "	Hindi —	3990
4—	" " "	Marathi —	3005
5—	" " "	Gujarati —	1990
6—	" " "	Kanada —	1530
7—	Hints on Diagnosis & Treatment of Leprosy	English —	18505
8—	Gandhi Looks at Lepresy	English —	1002
9—	Window on Leprosy	English —	1398
10—	Society and Leprosy	English —	455
11—	Leprosy Everyone's Concern	Marathi —	9465
12—	Leprosy Everyone's Concern	English —	12135
13—	Ham Sabki Samasya	Hindi —	40170
14—	Leprosy Everyone's Concern	Bengali —	2235
15—	" " "	Kanada —	595
16—	Master Plan	English —	215
II.	**Folders & Pamphlets**		
1—	Leprosy— A Misleading Malady	English —	42200
2—	" " "	Hindi —	4358800
3—	" " "	Marathi —	316150
4—	Leprosy — Know the Facts	English —	52205
5—	" " "	Hindi —	800450
6—	" " "	Marathi —	428090
7—	This lies in your power	English —	41950
8—	" " "	Hindi —	240825
9—	" " "	Marathi —	145850
10—	Ten Points to rember	English —	32575
11—	" " "	Marathi —	221525
12—	Leprosy — Questions & Answers	English —	31525
13—	" " "	Hindi —	332150
14—	" " "	Marathi —	222525

Sr. No.	Particulars	Language		Quantity
III.	**Exhibition Material**			
1—	Exhibition set on Leprosy	Marathi	—	185
2—	,, ,, ,,	Hindi	—	215
3—	,, ,, ,,	English	—	52
4—	,, ,, ,,	Bangali	—	55
5—	,, ,, ,,	Telugu	—	42
6—	,, ,, ,,	Kanada	—	101
Iv.	**Photo SETS**			
1—	Five Coloured Photo Sets		—	7800
2—	Black and White Photo Set		—	705
3—	Coloured Slides (35 mm) on leprosy		—	1340
4—	Gandhi & Leprosy (Photo enlargment)		—	155
5—	Posters for clinic		—	4415
6—	Flash Cards		—	9970
7—	Albums		—	2363
V.	**Films**			
1—	Diagnosis of leprosy (16mm)		—	9 prints
2—	Controlling leprosy (16 mm) (All rights of the film given to Government of India.			

Appendices

Appendix

Visitors To GMLF

The GMLF, besides playing host to meetinga and seminars held in the Campus, had the pleasure of receiving following guests during the year. Some of the visitors made more than one visit but they are mentioned only once in the list below—

— Mr. Ade, Sripad. Jawahar Navodayala, Nanded (MS)
— Mr. Ahmed Hussain, Jawahar Navoday Vidyalaya, Warangal (AP)
— Mr. Ananthaiah, Government Leprosy Training Centre, Hyderabad
— Mr. & Mrs Bandopadhyaya, S. K., Gandhi Smarak Nidhi, New Delhi
— Mr. Bhalla, Sunil, Social Worker, New Delhi
— Mr. Belwadi, Ram, International Leprosy Union, Poona
— Dr. Bhatia. A. S. Central Jalma Institute for Leprosy, Agra (UP)
— Mr. Bhatta, Narayan, Jawahar Navodaya Vidyalaya, Bhind (MP)
— Dr. Bhatt, M. V., Hind Kusht Nivaran Sangh. Mangalore
— Mrs. Bhatta Ragini. Jawahar Navodaya Vidyalaya, Indore (MP)
— Dr. Bisht, D B., World Health Organisation, New Delhi
— Mr. Chatterjee, Ashok. National Institute of Disabled, Ahmedabad
— Mr. Chauhan Tilak, LEPRA. Secunderabad (AP)
— Dr Deshpande, S., Leprosy Training Centre, Solapur (MS)
— Dr. Mrs. Deshpande, J. S ADHS (Lep) Pune
— Dr. Deodhar, N. S; Medical Consultant, Pune
— Mr. Devangan, B. R. Jawahar Navodaya Vidyalaya, Shahdol (MP)
— Dr. Dhoran, G. D. Leprosy Training Centre, Jalgaon (MS)
— Sister Disouza, Gladys, Social Worker, New Delhi
— Miss Dubey, Aparna. Jawahar Navodaya Vidyalaya, Manpur, Morena (MP)
— Father Edwine, Vas, Eesh Vani Kendra, Pune
— Dr. Ganapati. R, Bombay Leprosy Project. Bombay
— Mr. Gaikwad, Shivram, Richardson Hospital, Miraj
— Dr. Gawali, R. K Assistant Director of Health Services, Pune (MS)
— Geevanughese Rt. Rev, Mar Athonasius Episcopa, Bishop, New Delhi
— George Abraham Rev, Vicar, Nagpur
— Mr George, Josef, CULTES, Cochin
— Mr. Jacob, K. S Saint Paul's Trust, Samalkot (AP)
— Dr. Job, P. P. Evangelist, New Delhi
— Mr. Jumbade P. K. Leprosy Training Centre, Nanded (MS)
— Mr. Kadole. P. V. Jawahar Navodaya Vidyalaya, Tuljapur (MS)
— Miss Katiyar, Sandhya, Jawahar Navodaya Vidyalaya Datiya (MP)

— Miss Kaur, Harvinder R. O. National Indian Institute, New Delhi
— Mr. Khajuria, R. K, Zonal Leprosy Officer, Jammu & Kashmir
— Mrs. Khot, Seemantini, International Leprosy Union, Pune
— Prof. Kochar Vijay Central University, Hyderabad (AP)
— Mr. Kothadiya, Poona District Leprosy Committee, Pune (MS)
— Mr. Krupakaran, T. German Leprosy Relief Association, Madras
— Mrs. Kujur, S. Jawahar Navodaya Vidyalaya, Durg (MP)
— Mr. Kushwaha, D. C. Jawahar Navodaya Vidyalaya, Porbander (Gujarat)
— Mr. Lodam, S. R. Jawahar Navodaya Vidyalaya, Khedgaon, Dist. Nasik (MS)
— Miss Madhavi, N Jawahar Navodaya Vidyalaya, Cuddapah (AP)
— Mr. Mankad, Manish; Computer Consultant for Library Science, Bombay
— Mr Mani R. S; Madras
— Dr. Mathews, M GREMALTES Hospital, Madras
— Dr. Miss. Moghe. P. Prem Mehata Hospital. Ajmer (Rajasthan)
— Dr. Moorthy, Krishna P. Jawahar Navodaya Vidyalaya, Kurnool (AP)
— Dr. Mrs. Mutatkar, K. Regional Director, AHM, India, Pune
— Mrs. Naidu, Jyoti, Jawahar Navodaya Vidyalaya, Bilaspur (MP)
— Miss Nigam Neelam, Jawahar Navodaya Vidyalaya, Raipur (MP)
— Mr. Naik, S. S. Hindi Kusht Nivaran Sangh, Bombay
— Mr. Nair, K. P. R. Managing Director, of Konark Publication New Delhi
— Mr. Padaliya, P. M. Bombay Leprosy Project, Bombay
— Mr. Pandya R V. Narol Leprosy Training Centre, Ahamadabad
— Mr. & Mrs. Parthasarathy A; Government Training Centre ((Leprosy) Tirupathi
— Mr. Parkhe, S. N. Jawahar Navodaya Vidyalaya, Jamnagar (Gujrat)
— Mr. Patel. Indubhai Chairman NLO, Baroda
— Dr Pathak, S.G. Leprosy Training Centre, Nanded
— Mr. Patil, A B. Jawahar Navodaya Vidyalaya, Khed (Gujrat)
— Mr. Paul, S. Jammu & Kashmir
— Dr. Pera Reddy, S District Leprosy Officer, Tirupati (AP)
— Dr. Pujari, B. K Hind Kusht Nivaran Sangh, Mangalore (Karnataka)
— Mr. Prasanna Kumar S Jawahar Navodaya Vidyalaya, Nalgonda (AP)
— Dr Qamra S. R. Central Jalma Institute for Leprosy, (Agra) (UP)
— Mr. Rajeshwar Prasad Institute of Social Science, Agra (AP)
— Mr. Rajshekhran N. Saint Pauls's Trust, Samalkot (AP)
— Miss Rama Devi, Jawahar Navodaya Vidyalaya. Visakhapatnam
— Prof. Rama Rao, University of Madras, Madras
— Dr. Rao, K. N. Research Officer, University of Delhi, Delhi
— Mr Rao, Sripati T; Government Leprosy Training Centre, Hyderabad
— Mr. Rao, Narayana; Leprosy Training Centre, Pogiri (AP)
— Mr. Rao, Sambhashiva M. Leprosy Training Centre, Rajamundry
— Dr. Rao, Raghavendra, Richardson Leprosy Hospital, Miraj (MS)
— Dr. Rao. Purushottam N. Jawahar Navodaya Vidyalaya Peddapuram (AP)
— Mr. Rao, Koteshwar P. Jawahar Navodaya Vidyalaya, Karimnagar (AP)
— Mr. Rao, Shrinivasan G. Government Leprosy Training Centre, Pogiri (AP)

— Dr. Rao, Kameshwar Government Leprosy Training Centre, Rajamundry (AP)
— Miss Rashida, Syed Jawahar Navodaya Vidyalaya, Ongole (AP)
— Dr. Reddy, N. Subba, University of Hyderabad
— Mr. Roy, Arup Ranjan, Jawahar Navodaya Vidyalaya, Jabalpur (MP)
— Mr. Ravikumar, G. Jawahar Navodaya Vidyalaya, Srikakulam (AP)
— Mr. Salim H. M. German Leprosy Relief Association, Madras
— Mrs. and Mr. Sampath, S. R. Sivananda Rehabilitation Centre, Hyderabad
— Mr. Sanghvi, Ajay Kumar S. Leprosy Hospital Narol, Ahmadabad
— Dr. Shah, Atul J. J Hospital, Bombay
— Ku. Sharma Geetika Jawahar Navodaya Vidyalaya, Hoshangabad (MP)
— Mr. Shetty K. V; Bright, Gradia Maddaku Kavetto (Karnataka)
— Mr. Sharma S. C. Jawahar Navodaya Vidyalaya, Nowgong
— Dr. Sharma, P. N. Training Centre, Deonar, Bombay
— Dr. Shobha Rao, University of Pune
— Dr. Shinde, P. N. Leprosy Training Centre, Pune
— Mr. Surendernath Babu, G. V; Jawahar Navoday Vidyalaya Nizamabad (AP)
— Mr. Surender, P. Jawahar Navodaya Vidyalaya, Chittur (AP)
— Mr. Srinivasan, G. R. German Leprosy Relief Association, (Madras)
— Dr. Srinivasan, H, Hon. Editor, Indian Journal of Leprosy, Madras (T. N.)
— Mr. Thakar Uday Kushta Nivaran Samiti, Panvel (MS)
— Dr. Thomas, Abraham German Leprosy Relief Association, Madras
— Mr. Tiwari, Ramkumar, Navodaya Vidyalaya, Kachigam (Daman)
— Mr. Tiwari, Ramkumar, Jawahar Navodaya Vidyalaya, Purna (MP)
— Mr. Ugale, R. G. Jawahar Navodaya Vidyalaya, Basmatnagar
— Mr. Upadhyay, G. Senior Scientific Officer, Ahamadabad
— Mr Vaidyanathan, E. P. Kasturba Kushth Nivaran Nilayam, Malavanthangal
— Mr. Verma, B. P. Seva Films Bihar, Nawadah, Bihar
— Mr. Vittal Rao, B. Jawahar Navodaya Vidyalaya, Canacona (South Goa)
— Mr. Wasnik, P. C. Jawahar Navodaya Vidyalaya, Dadara & Nagar Haveli

Overseas Visitors

— Dr. August Beine, Germany
— Mr. Dato E. J. Lawrence, Malaysia
... Miss Eva Nardtorji, Skt. Jovgensgade, Odense Denmark
— Mr. Johns Douglas, Social Worker, Post Land, Oregon (USA)
— Miss Lene Bekle, Teacher Skoubylundvej Volers, Denmark

INTERNATIONAL GANDHI AWARD COMMITTEE

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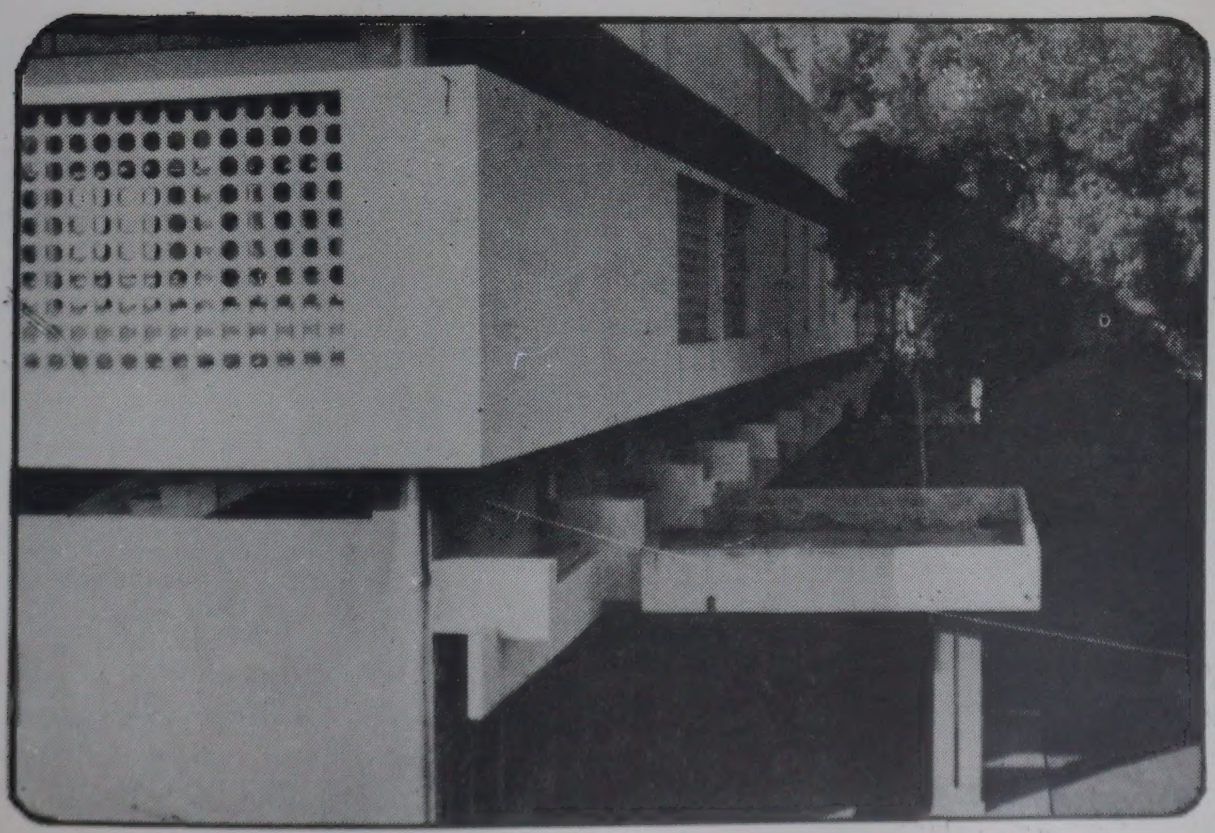
Secretary, Ministry of Foreign Affairs	.. Member
Shri S. P. Tare	.. Member
Dr. S. D. Gokhale	.. Convenor

Administrative Block, GMLF, WARDHA.



"I am glad that this Foundation, right from its inception, has been looking to the leprosy problem as the nation's major health problem and has been contributing to the national leprosy work in a unique way. true to the spirit of Mahatma, the work of GMLF is basically in and with the community, conducting experiments and studies and evolving methods of participation by many groups medical as well as lay".

Giani Zail Singh,
President of India
Jan 30, 1986.

"The GMLF has contributed and assisted in the National Leprosy Programme and expanded its work to many other centres all over the country. Many voluntary institution in India are in close contact with the GMLF for assistance and guidance in planning their work".

Dr. (Mrs.) Turkan Saylan,
Istanbul (Turkey),
Jan. 30, 1986.

"I extend my felicitations to the GMLF for all it has done to eliminate leprosy from the globe. Let us proceed towards the day when the only place accorded to leprosy will be in books on medical history".

R. Venkataraman
President of India,
Jan. 30, 1992.

"From the outset, the GMLF did not want to act merely to provide an asylum for displaced patients nor did it want to just dole out cash for poor patients. It tackled the problem as a whole, in a comprehensive manner taking in to account all aspects of the disease by carrying out surveys, health education programme for the community and by providing comprehensive and systematic treatment of patients.

YDH Dato E. J. Lawrence,
Malaysian Leprosy Relief
Association, Kuala-Lumpur,
Malaysia,.
Jan. 30, 1992.

Printed by - Richa Offset Khamla Road, Nagpur-15.